



Fall 2010 Newsletter

Newborn Screening Program
 Area Service Center 99
 Rady Children's Hospital San Diego
 Servicing San Diego, Orange, Riverside &
 Imperial Counties



Volume 3, Issue 2
 Fall 2010

COMPLETION OF THE NBS SPECIMEN COLLECTION FORM

Ensuring the accuracy and completeness of the information entered on the Newborn Screening (NBS) specimen collection form is very important.

The date and time of birth, birth-weight, date and time of specimen collection, and information on transfusion status, are all critical for evaluating the newborn screening results.

NEWBORN'S PHYSICIAN INFORMATION

PHYSICIAN LAST NAME
 FIRST NAME
 STREET ADDRESS SUITE
 CITY STATE ZIP
 PHONE () () - () () () () () ()

If follow-up of the NBS test results is needed, accurate contact information for the family is necessary for locating the infant after discharge from the birthing facility.

Since NBS results requiring immediate follow-up are conveyed to the baby's doctor by phone and mail, it is imperative that the doctor's demographic information be correct. Incorrect or incomplete information can result in delays of treatment or prevent receipt of the results mailer.

BABY'S INFORMATION PLEASE PRINT USING ALL CAPITAL LETTERS

BABY'S LAST NAME
 FIRST NAME
 STREET ADDRESS APT
 CITY STATE ZIP
 MOTHER'S INFORMATION
 MOTHER'S LAST NAME
 FIRST NAME
 MAIDEN NAME MOTHER'S BIRTH DATE
 MOTHER'S PHONE

NEWBORN'S BIRTH DATE
 MM/DD/YYYY HOUR

DATE SPECIMEN COLLECTED
 MM/DD/YYYY HOUR

TYPE OF SPECIMEN
 HEELSTICK
 OTHER (Specify)

IF COLLECTED AT <12 HRS OF AGE, REASON:
 TO BE TRANSFUSED
 OTHER (Specify)

RBC TRANSFUSION BEFORE COLLECTION:
 NO YES If YES, date/time transfusion completed: MM/DD/YYYY HOUR

BIRTH WEIGHT:
 _____ GMS

ALL FEEDING SINCE BIRTH (Fill only ONE circle):
 ONLY HUMAN MILK
 ONLY FORMULA
 HUMAN MILK & FORMULA

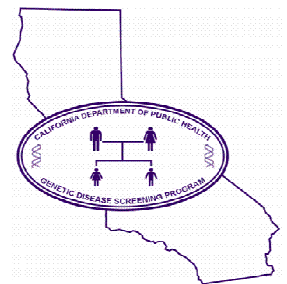
NURSERY TYPE
 NICU OTHER
 REG. NURSERY/FCC/RI



E Y R G T I B I H M L A
 Q N C E Q U S W E W I H
 X E D B I S K T Y M J E
 E C A O D R A H E Q X E
 A G I M C B R S T S X L
 V N K E O R O A K D X S
 C P S L S T I Y C J T T
 S A I G C Z O N C M A I
 P C Y A N U Y W E R P C
 X B L N E M I C E P S K
 E A E J P G B R C R G V
 G H E M O G L O B I N K

D W O R

CARRIER
 ENDOCRINE
 GALACTOSEMIA
 HEELSTICK
 HEMOGLOBIN
 METABOLIC
 SPECIMEN





SPECIAL CIRCUMSTANCES— ADOPTION, SURROGACY, ETC.



We are often asked what demographic information to include on the Test Request Form (TRF) in the event a baby does not go home with the birth mother.

For babies who are adopted, born to surrogate parents, placed in foster care, or are safely surrendered; the

contact information of the person/agency with whom the baby will be going home should be entered on the TRF.

Accurate contact information allows us to locate the baby if more testing is needed. If you are unsure what information to include on the TRF or have further questions, please contact the Area Service Center (ASC).

NEWBORN SCREENING CONTACT INFORMATION

LOCATED AT:

7920 Frost Street, Suite 302
San Diego, CA 92123

MAILING ADDRESS:

3020 Children's Way
Mail Code 5116
San Diego, CA 92123

TOLL FREE: (800) 793-1313

PHONE: (858) 966-8708

FAX: (858) 966-8709

www.rchsd.org/newbornscreening

nbs@rchsd.org

SAN DIEGO & IMPERIAL COUNTY DIAGNOSED CASES (Fiscal Year 2009 – 2010)

FACILITY	PCH	CAH	MS/MS	Hb	CF	GAL	BD
Best Start Birth Center			1		2		
El Centro Regional Hospital Medical Center					2		
Fallbrook Hospital	1						
Paradise Valley Hospital	1				2		
Palomar Medical Center	4				4		
Pomerado Hospital				1			
Rady Children's Hospital San Diego	1				2		
Scripps Mercy Hospital Chula Vista	5			1			
Scripps Mercy Hospital San Diego		1		1			
Scripps Memorial Hospital Encinitas	1				1		
Scripps Memorial Hospital La Jolla			2	1	3		
Sharp Chula Vista Medical Center	1		1	2		2	
Sharp Grossmont Hospital	1		3	1	1		
Sharp Mary Birch Hospital	4		1	1	3		
Tri-City Medical Center	1		1		2		1
UC Medical Center San Diego	2			1	1		
Totals	22	1	7	9	20	2	1
ASC totals (Riverside, San Diego, Orange, and Imperial Counties)	45	3	22	22	13	4	1

Diagnosis Key:

BD—Biotinidase Deficiency

CAH—Congenital Adrenal Hyperplasia

CF—Cystic Fibrosis

GAL—Galactosemia

Hb—Hemoglobinopathies

MS/MS—Amino Acid & Acylcarnitine Disorders

PCH—Primary Congenital Hypothyroidism