

Newborn Screening Program

Hospital/Midwifery Monthly Summary Report

Date of submission: _____

Month/year data: _____

Hospital/midwifery name: _____

Address: _____

Completed by: _____

Phone: _____ Fax: _____ E-mail: _____

☐ Check here if your facility's contact information has changed from previous months. This will help ISDH Newborn Screening Program keep e-mail and phone distribution lists current. Thank you!

Screening Statistics (report initial screens only)

Total number of **live births** this month: _____

Total number of **home births** that received screening: _____

Total number of **walk-ins** that received screening: _____

Number of **exceptions reported to ISDH** this month: _____

Number of screens*: _____

*Number of screens = [(# live births + # home births + # walk-ins) - # exceptions reported to ISDH]

NOTE: Any infants who were discharged without receiving a newborn screen (due to unauthorized parent refusal or hospital error) must be reported **immediately** to the ISDH Newborn Screening Program.

Completed reports are due by the 15th of the following month. Please submit your MSR to:

Iris Stone, Heel-stick Program Director

2 N. Meridian Street, 7F, Indianapolis, IN 46204

(317) 234 – 2995 (fax)