



**North Carolina Department of Health and Human Services
State Laboratory of Public Health**

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Scott J. Zimmerman, DrPH, MPH, HCLD (ABB)
Laboratory Director

MEMORANDUM

Date: October 20, 2014

To: Hospitals, Birthing Facilities, Physician Offices & Health Departments

From: Scott J. Zimmerman, DrPH, Laboratory Director, NC State Laboratory of Public Health
Shu Chaing, PhD., Manager, Newborn Screening *SHC*

Re: Avoidable Unsatisfactory Newborn Screening (NBS) Samples

In a review of the first 9 months in 2014 of unsatisfactory samples submitted to the Newborn Screening Laboratory at the North Carolina State Laboratory of Public Health (NCSLPH), data shows that 20.8 % (532 samples) are due to incomplete and/or inaccurate data entry of the NBS form. These types of unsatisfactory specimens can be prevented by careful review of the NBS form before mailing. These unsatisfactory specimens are not tested, and thus delays time-sensitive and critical testing. These types of preventable unsatisfactory specimens are listed below: (also see examples on reverse side of memorandum):

- **Unsatisfactory “no submitter,” Figure #1:** For these specimens, a submitter and/or provider are not identified on the NBS form. For Hearing Link users often the Hearing Link labels are missing. In some cases we receive a NBS form with only a hospital laboratory barcoded label affixed. The rest of the form may not be completed.
- **Unsatisfactory “patient identification questionable,” Figure #2:** The majority of these specimens involve facilities using the Hearing Link. The barcode preprinted on the NBS form must match exactly (with the exception of the leading “0”) with the one on the Hearing Link label. Ensure that those scanning the barcode do not scan a hospital-generated label. If you have made an error on the hearing link labels mark through the error once, write the correct information beside it, and initial. You will need to make corrections on every label for that specimen. If an error has been made on a hand-written form, mark through once, write the correct information legibly, and initial.
- **Unsatisfactory “filter paper expired, Figure #3:** The newborn screening form is a medical device and has an expiration date, located on the filter portion. Do not use a form after the expiration date. A specimen can be collected on or before the expiration date on the form. We suggest periodically inventorying your filter forms. Discard if outdated and reorder new ones from the NCSLPH online ordering portal.
- **Unsatisfactory “age at collection > 6 months:”** Specimens that are submitted on children greater than 6 months of age on the newborn screening form DHHS #3105 will not be tested and will be reported as unsatisfactory as we have no appropriate reference ranges for children older than 6 months. For these cases please submit a sample directly to a diagnostic laboratory for newborn screening. Specimens that are being submitted on infants older than 6 months for Hemoglobin testing only must be collected on DHHS form #1859, Hemoglobin Electrophoresis (<http://slph.ncpublichealth.com/Forms/DHHS-1859-HemoElectro-WB-20130807.pdf>). Do not collect a specimen for Hemoglobin testing only on form DHHS #3105.

In all cases, these errors can be prevented by careful review of the form before mailing. This quality assurance measure will reduce the number of infants that must be retested. Further information concerning Newborn Screening can be found at the NCSLPH website, <http://slph.ncpublichealth.com>. Select Newborn Screening and Form Training. This presentation covers the proper procedure to complete the demographic information and collect a specimen. If you have further questions about unsatisfactory specimens for Newborn Screening please call (919) 733-3937.

www.ncdhhs.gov • www.publichealth.nc.gov • <http://slph.ncpublichealth.com>

Location: 4312 District Drive • Raleigh, NC 27607 • Tel 919-733-7834 • Fax 919-733-8695

Mailing Address: 1918 Mail Service Center • PO Box 28047, Raleigh, NC 27611-8047

An Equal Opportunity / Affirmative Action Employer



[illegible]

NEWBORN'S MEDICAL RECORD # NEWBORN'S LAST NAME NEWBORN'S NO. DAY COLLECTION NO. DAY MOTHER'S LAST NAME MOTHER'S MIDDLE NAME MOTHER'S MAIDEN NAME CITY HOSPITAL/EPID PHYSICIAN/PA		NEWBORN'S INITIAL SPECIMEN Last Name: SAMPLE First Name: SAMPLE BDate: 08/17/2001 12:00 B.Unknown SpDate: 08/17/2001 16:00 Mother's Last Name: Sample Maiden Name: Address: 1 any st. City, State Zip: apek, IN 12345 Submitter: Children and Youth Branch of WCHD/PHIDHMS Health Care Provider: HHS-STATE LAB OF PUBLIC HEALTH Adm. the base Verifier: RFP Label ID: 1172285108165		Barcode: 02560435 100% Type of Solids 2.5oz Barcode: 02560435 100% Type of Solids 2.5oz First Name: Mom SSN Phone 9101111111 Code/City 092/Wfabe Fed Tax ID: 98-0033116AE Fed Tax ID: 98-0033116 Collector: AA		RIGHT EAR MO DAY YEAR Type of Screen: ☐ 1 AAMR ☐ 2 TDEAF ☐ 3 TEGAE ☐ 1 PASS ☐ 2 REFER NOT SCREENED DUE TO: ☐ 3 Deafness ☐ 4 Deafness ☐ 5 Transferred ☐ 6 BIRTH Defect ☐ 7 Other LEFT EAR MO DAY YEAR Type of Screen: ☐ 1 AAMR ☐ 2 BPUDE ☐ 3 TEGAE ☐ 1 PASS ☐ 2 REFER NOT SCREENED DUE TO: ☐ 3 Deafness ☐ 4 Deafness ☐ 5 Transferred ☐ 6 BIRTH Defect ☐ 7 Other	
---	--	--	--	--	--	---	--

LOT W111 6906611 Use By 2014-08 Whisker
 Ahlstrom PerkinElmer 226 LOT 102277 / 314134 06-30-13