OKLAHOMA NEWBORN SCREENING PROGRAM

PRE-SITE VISIT CHECKLIST

OKLAHOMA State Department of Health | Newborn Screening Program

Date Completed: _____

Hospital: _____

Location/Unit: _____

Name & Title: _____

Instructions: Please complete the following form and return it to newborn screening at least **5 working** days before the date of the onsite observation session. Please return via email to newbornscreen@health.ok.gov or by fax to 405-900-7556

NBS Unit Processes		
Do you have a process in place to ensure that every newborn is screened prior to discharge?	Yes	No
Does your hospital have a policy and specified procedure regarding the reporting of deceased babies to the NBS program?	Yes	No
If yes, please describe:		
Where are NBS filter papers stored?		
Who is responsible for checking filter paper dates?		
Is the demographic information written on the filter paper form verified with parents at the time of specimen collection?	Yes	No
Does your facility have a policy regarding parent refusals?	Yes	No
If yes, please describe: ***(Policy should include the use of OSDH refusal form.)***		
Are parent's fears/questions addressed regarding NBS in the event of a refusal? *It is important to keep a copy of the refusal form for hospital record and fax a copy to NBS program at 405-900-7556*	Yes	No
If the parents have not determined a PCP, who is listed on the filter paper as the PCP? *It is imperative that the accurate PCP is known in the event of out-of-range NBS results, so that timely notification and follow up can occur.*		
Where are filter papers placed to dry?		
Do filter papers dry horizontally for at least 3 hours?	Yes	No
Are filter papers double checked for satisfactory collection/completeness before mailing?	Yes	No
Who is responsible for the quality review of each filter paper? *(if specimen quality is under question, please submit original specimen AND collect second specimen immediately.)*		
Who is responsible for preparing the completed newborn screens for courier pickup?		

What days of the week does the courier service pick up? **Su M Tu W Th F Sa**

Location for specimen pick-up? _____

Time for specimen pick-up? _____

Is a log book kept on all newborn screenings?	Yes	No
Please Describe: *(Required log content: name, DOB, attending MD, PCP, MRP, serial #, date collected, date sent to lab, date results received, and test results ie WNL/Abnormal)*		

Training		
Describe training and frequency for the following team members: **New Trainees:** INITIAL YEARLY OTHER _____ **Staff Refresher:** YEARLY OTHER _____ **Clerical:** INITIAL YEARLY OTHER _____ **Lab:** INITIAL YEARLY OTHER _____		
Is additional training provided to collector's of unsatisfactory specimens?	Yes	No
Is emphasis used when training new staff regarding the importance of the newborn screen and accurate demographic documentation on filter paper?	Yes	No

Are there any obstacles that you would like the newborn screening program to address during the site visit?

Oklahoma State Department of Health Newborn Screening Program
Follow-Up Phone: 405-426-8310
Follow-Up Fax: 405-900-7556
Newbornscreen@health.ok.gov

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