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| **NEWBORN SCREENING SITE REVIEW ACTION PLAN** | | | | | | |
| **G O A L 1** | | | | | | |
| **Increase the number of specimens that arrive at the state lab within 1 day of collection to at least 50%-75%.** | | | | | | |
| **ACTION STEP DESCRIPTIONS** | **PARTY / DEPT RESPONSIBLE** | **DATE TO BEGIN** | **DATE DUE** | **RESOURCES REQUIRED ( staff, tech, etc. )** | **DESIRED OUTCOME** | **NOTES** |
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| **G O A L 2** | | | | | | |
| **Eliminate the number of specimens that arrive at the state lab >3 days after collection.** | | | | | | |
| **ACTION STEP DESCRIPTIONS** | **PARTY / DEPT RESPONSIBLE** | **DATE TO BEGIN** | **DATE DUE** | **RESOURCES REQUIRED ( staff, tech, etc. )** | **DESIRED OUTCOME** | **NOTES** |
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| **G O A L 3** | | | | | | |
| **Eliminate any incomplete information and/or inaccurate information specimens sent to the state laboratory.** | | | | | | |
| **ACTION STEP DESCRIPTIONS** | **PARTY / DEPT RESPONSIBLE** | **DATE TO BEGIN** | **DATE DUE** | **RESOURCES REQUIRED ( staff, tech, etc. )** | **DESIRED OUTCOME** | **NOTES** |
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| **G O A L 4** | | | | | | |
| **Write your goal statement here.** | | | | | | |
| **ACTION STEP DESCRIPTIONS** | **PARTY / DEPT RESPONSIBLE** | **DATE TO BEGIN** | **DATE DUE** | **RESOURCES REQUIRED ( staff, tech, etc. )** | **DESIRED OUTCOME** | **NOTES** |
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| **G O A L 5** | | | | | | |
| **Write your goal statement here.** | | | | | | |
| **ACTION STEP DESCRIPTIONS** | **PARTY / DEPT RESPONSIBLE** | **DATE TO BEGIN** | **DATE DUE** | **RESOURCES REQUIRED ( staff, tech, etc. )** | **DESIRED OUTCOME** | **NOTES** |
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