

# Ohio Department of Health – Critical Congenital Heart Disease Newborn Screening Report

Hospital Name
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Birth <small>See instructions on back</small>				
Single	Multiple:	Order delivered: _____	Infant's birthdate (mm/dd/yyyy)	
Infant's name	<i>last</i>	<i>first</i>	<i>middle initial</i>	<i>suffix</i>
Mother's name	<i>last</i>	<i>first</i>	<i>middle initial</i>	<i>maiden</i>
Mother's address – Number and street			Apartment	County of residence
City	State	Zip	Country, if not US	
Phone number	Cell phone	Email Address		
Discharge Caregiver if NOT mother, check Not Applicable or complete below <input type="checkbox"/> Not applicable				
Name			Relationship	
Address			Phone number	
Screening Disposition <small>Fill out section completely</small>				
Screening Completed?	If not, why?		Diagnostic Testing Done, No CCHD	
Yes	No	Baby Transferred Known Dx of CCHD	Parent Objection Technical Problem	Discharged home on O <sub>2</sub> Other: _____
Initial Screening				
Date (mm/dd/yyyy)		Age In Hours	Age in Days - NICU	
Pulse Ox Saturation Results: % Right Hand		Pulse Ox Saturation Results: % Either Foot		
Screening Result <span style="margin-left: 100px;">Pass</span> <span style="margin-left: 100px;">Fail</span>				
Second Screening <small>Only Required if Failed 1<sup>st</sup> Screening</small>				
Date (mm/dd/yyyy)		Age In Hours	Age in Days - NICU	
Pulse Ox Saturation Results: % Right Hand		Pulse Ox Saturation Results: % Either Foot		
Screening Result <span style="margin-left: 100px;">Pass</span> <span style="margin-left: 100px;">Fail</span>				
Third Screening <small>Only Required if Failed 2<sup>nd</sup> Screening</small>				
Date (mm/dd/yyyy)		Age In Hours	Age in Days - NICU	
Pulse Ox Saturation Results: % Right Hand		Pulse Ox Saturation Results: % Either Foot		
Screening Result <span style="margin-left: 100px;">Pass</span> <span style="margin-left: 100px;">Fail</span>				
Final Disposition				
Baby Transported		Facility		
Yes	No			
Echo Test Performed		Echo Test Result		
Yes	No	Normal	Abnormal	Parent Referred to Outpatient Cardiology
CCHD Updates Completed?				
Yes	No			

It is **required** that Ohio birth hospitals report this information via the CCHD tab on the Ohio Electronic Birth Certificate.

Children's hospitals and birth facilities that do not have access to the Ohio Electronic Birth Certificate must send this form via **email**

to: Naomi.Halverson@odh.ohio.gov or via **fax** to: 614-564-2424, attention Naomi Halverson.

