



**Pulse Oximetry Screening for Critical Congenital Heart Defects (CCHD)**

**Semi-Annual Report Form**

<b>Date:</b>	<b>Year of Report:</b>	<b>Date Range (Please select one):</b>
<b>Facility name:</b>		January 1 – June 30 <input type="checkbox"/>
<b>Name &amp; contact number of person reporting:</b>		➤ Due by July 31
		July 1 – December 31 <input type="checkbox"/>
		➤ Due by January 31

Screening Results	<u>Total</u>
• Total number of live births at facility	
• Total number of live births screened with normal screening results	
• Total number of live births screened with abnormal screening results	
• Total number of live births not screened due to parental refusal	
• Number of live births transferred before screening	
• Number of live births with missed screening	

**Notes**

**Please return to Newborn Screening Program:**

State of Alaska

Newborn Screening Program

[newborn.screening@alaska.gov](mailto:newborn.screening@alaska.gov)

Phone: 907-269-3400

Fax: 907-754-3455