



Pulse Oximetry Screening for Critical Congenital Heart Defects (CCHD)

Semi-Annual Report Form

Date:

Date Range (Please circle one):

Facility name:

January 1 – June 30

➤ **Due by July 31**

Name & contact number of person reporting:

July 1 – December 31

➤ **Due by January 31**

Year of Report:	<u>Total</u>
• Total number of live births at facility	
• Total number of live births screened at facility with normal screening results	
• Total number of live births screened at facility with abnormal screening results	
• Total number of live births not screened due to parental decline	
• Notes (Ex: child was not screened due to transfer)	

Please return to Meg Kurtagh:

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