



Pulse Oximetry Screening for Critical Congenital Heart Defects (CCHD)

Semi-Annual Report Form

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

Phone: 907-334-2295

Fax: 907-754-3455