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Janet Stanek, Acting Secretary

Laura Kelly, Governor

CRITICAL CONGENITAL HEART DISEASE (CCHD) SCREENING REPORTING FORM Please fax completed form to 785-559-4240

Date of CCHD Screen: Final Screen Result Right Hand % Foot % Difference % Referred for Echocardiogram – Facility Name: UNABLE TO COMPLETE SCREENING PROCESS: Infant Deceased Parent refused Screening Infant Discharged Before Screen Prenatal Diagnosis Infant Transferred to NICU or Another Facility Infant was on Oxygen Echocardiogram Performed	tient Name:	Date of Birth:	
Date of CCHD Screen: Final Screen Result Right Hand % Foot % Difference % Referred for Echocardiogram – Facility Name: UNABLE TO COMPLETE SCREENING PROCESS: Infant Deceased Parent refused Screening Infant Discharged Before Screen Prenatal Diagnosis Infant Transferred to NICU or Another Facility Infant was on Oxygen	other Name:	PCP/Midwife Name:	
Final Screen Result Right Hand % Foot % Difference % Referred for Echocardiogram – Facility Name: UNABLE TO COMPLETE SCREENING PROCESS: Infant Deceased Parent refused Screening Infant Discharged Before Screen Prenatal Diagnosis Infant Transferred to NICU or Another Facility Infant was on Oxygen	reening Facility:		
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Referred for Echocardiogram – Facility Name:	_		
 □ UNABLE TO COMPLETE SCREENING PROCESS: ○ Infant Deceased ○ Parent refused Screening ○ Infant Discharged Before Screen ○ Prenatal Diagnosis ○ Infant Transferred to NICU or Another Facility ○ Infant was on Oxygen 			
 □ UNABLE TO COMPLETE SCREENING PROCESS: ○ Infant Deceased ○ Parent refused Screening ○ Infant Discharged Before Screen ○ Prenatal Diagnosis ○ Infant Transferred to NICU or Another Facility ○ Infant was on Oxygen 	Deferred for Echapardicaram	Eggility Name	
 Infant Deceased Parent refused Screening Infant Discharged Before Screen Prenatal Diagnosis Infant Transferred to NICU or Another Facility Infant was on Oxygen 	Referred for Echocardiogram	- Facility Name.	
 Parent refused Screening Infant Discharged Before Screen Prenatal Diagnosis Infant Transferred to NICU or Another Facility Infant was on Oxygen 	☐ UNABLE TO COMPLETE S	SCREENING PROCESS:	
 Infant Discharged Before Screen Prenatal Diagnosis Infant Transferred to NICU or Another Facility Infant was on Oxygen 	O Infant Deceased		
O Prenatal Diagnosis O Infant Transferred to NICU or Another Facility O Infant was on Oxygen	O Parent refused Screening		
Infant Transferred to NICU or Another FacilityInfant was on Oxygen	O Infant Discharged Before Scre	en	
O Infant was on Oxygen	O Prenatal Diagnosis		
	O Infant Transferred to NICU or A	Another Facility	
O Echocardiogram Performed	O Infant was on Oxygen		
	O Echocardiogram Performed		