



**Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
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Maine Newborn Bloodspot Screening Program

In accordance with Chapter 283, Section 3.6, of the Rules and Regulations Relating to the Testing of Newborn Infants for Detection of Causes of Mental Retardation and Selected Genetic Conditions, "if an infant is transferred to a second facility during the first 48 hours of life, the blood specimen shall be taken at the second facility. The first facility shall clearly indicate in the papers accompanying the infant that the child needs to be screened and notify the Maine Newborn Screening Program of the transfer within 5 working days."

NOTIFICATION OF HOSPITAL TRANSFER

Transferring Facility: _____

Name of Infant: _____ DOB: _____

Mother's Name: _____

Infant's Primary Care Provider: _____

Date of Transfer: _____

Hospital Transferred To: _____

Newborn Bloodspot Screening Completed YES _____ NO _____ Date: _____

Newborn Hearing Screening Completed YES _____ NO _____ Date: _____
Right Pass/Refer _____ Left Pass/Refer _____

Newborn CCHD Screening Completed YES _____ NO _____ Date: _____ Refer: _____

Suspected Birth Defects YES _____ NO _____

Comments: _____

Name of Personnel Completing Form: _____

Please mail or fax completed form to the Maine Newborn Bloodspot Screening Program at 207-287-4743