

Janet T. Mills  
Governor



Maine Department of Health and Human Services  
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Jeanne M. Lambrew, Ph.D.  
Acting Commissioner

### 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