2026

Georgia Newborn Screening

Policy and Procedure Manual

GEORGIA DEPARTMENT OF PUBLIC HEALTH

The purpose of this manual is to provide a structured and informative framework for the establishment and operation of the Georgia Newborn Screening (NBS) Program to help ensure the health and well-being of every newborn in the state. The manual provides information and tools for healthcare professionals and stakeholders to conduct newborn screening effectively and efficiently for early detection and intervention of congenital disorders and inherited conditions in infants.

The NBS Program is committed to the following key objectives:

Universal Access: Every Georgia infant receives quality and timely newborn screening for the disorders mandated by state regulations.

Follow-up and Recommendations: Newborns with abnormal screening test results receive timely and appropriate follow-up. These results and recommendations are shared with healthcare providers to expedite diagnostic and treatment services.

Data for Action: Robust data collection, analysis, and dissemination inform all aspects of the program's operations. This includes the assessment of newborn screening methods and strategies, cost-effectiveness analyses, and evaluations of health outcomes.

Parent Education: Parents and caregivers are empowered with information about the importance of newborn screening and the benefits it offers to Georgia's newborns.

Technical Assistance and Education: The NBS Program's diverse range of stakeholders, including birthing facilities, follow-up programs, healthcare professionals, families of affected children, and the public will have the information they need to ensure the early detection and intervention for congenital disorders and inherited conditions in infants.

If you have any questions about the information in this manual, please email DPH-NBS@dph.ga.gov.

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SECTION I. INTRODUCTION TO NEWBORN SCREENING

Newborn Screening (NBS) is a public health activity aimed at early identification of conditions in infants that, without prompt detection and treatment, can result in permanent disability or death. NBS programs have saved countless lives by identifying infants with rare but serious health conditions shortly after birth. Over the years, these programs have evolved, expanding the list of screened disorders and incorporating advances in technology and medical knowledge.

Effective newborn screening involves hospitals, state newborn screening laboratories, primary care providers, follow-up programs, parents, and community agencies. Healthcare providers are on the frontline ensuring all newborns get the screenings they need and receive timely and appropriate follow-up care.

1.1 GEORGIA NEWBORN SCREENING PROGRAM OVERVIEW

Georgia's NBS Program is a state-mandated program within the Georgia Department of Public Health's (DPH) Public Health Laboratory and Division of Women, Children, and Nursing Services, Office of Child Health. The NBS Program in Georgia operates as a universal access, coordinated, multi-partner system dedicated to the early identification and intervention of congenital and heritable conditions through efficient screening, follow-up, consultation, tracking, data analysis, and educational initiatives.

The NBS Program includes 3 categories of health screens:

- **Blood Screening:** Blood spot samples are collected for laboratory testing to identify metabolic, endocrine, hemoglobinopathies, and other treatable conditions.
- **Cardiac Screening:** Pulse oximetry measures are collected to detect Critical Congenital Heart Disease (CCHD).
- **Hearing Screening:** Auditory measurements are collected to detect congenital hearing loss.

The Georgia Public Health Laboratory (GPHL) provides accurate and timely laboratory testing on dried blood spots collected from all newborns in Georgia. Currently, GPHL conducts testing and reports results for metabolic, endocrine, hemoglobinopathies, and other treatable conditions for approximately 125,000 Georgia newborns every year.

1.2 NEWBORN SCREENING PROGRAM CONTACT INFORMATION

General Program Questions, Order Educational Brochures, or Training Resource Needs:

Georgia Newborn Screening Program:
Email: DPH-NBS@dph.ga.gov
Fax: (404) 657-2773

Webpage: www.dph.ga.gov/NBS
Provider Webpage: www.dph.ga.gov/NBS-Providers

Laboratory-Specific Questions or to Order Newborn Screening Cards:

Georgia Public Health Laboratory:
The Newborn Screening Section
Georgia Public Health Laboratory
1749 Clairmont Road
Decatur, GA 30033-4050
Phone: (404) 327-7950
Fax: (404) 420-2093
Webpage: www.dph.ga.gov/lab
See Appendix L: Georgia Public Health Laboratory Specimen Collection Outfit Order Form.

NBS DBS Invoice Questions:

Georgia Public Health Laboratory:
NBSlab.billing@dph.ga.gov
See Appendix Q: Georgia Public Health Laboratory Newborn Screening Billing Guide.

SECTION 2: RESPONSIBILITIES IN THE NEWBORN SCREENING PROCESS

The NBS process is a coordinated effort between the birthing facility (specimen submitter), primary care physician, GPHL, and the NBS Follow-Up program.

2.1 BIRTHING FACILITY (SPECIMEN SUBMITTER)

It is the responsibility of the birthing facility, birthing center, physician's office, or other healthcare facility in which each infant is born to ensure that a newborn screening dried blood spot (DBS) specimen is collected and submitted to GPHL for testing for select endocrine and genetic metabolic conditions. Testing for congenital hearing loss and CCHD must also be completed, and results (1) recorded in the clinical record, (2) reported to DPH, and (3) shared with the infant's parent or guardian. Newborns who have already received an echocardiogram for any reason may be excluded from CCHD screening.

If the birth occurs outside a birthing facility, birthing center, or other healthcare facility, then it is the responsibility of the attending physician or midwife to properly complete DBS specimen collection and submit the NBS card to GPHL. When a live birth occurs in any hospital, birthing center, or facility that is equipped to conduct the newborn hearing screening and CCHD screening, those tests must be conducted prior to the infant's discharge.

Newborn Screening Card:
Submitters are responsible for ensuring all the fields on the NBS card are completed before it is sent to GPHL. See Section 4: Filling Out the Newborn Screening Card for more information. The birthing facility is responsible for the recollection of specimens in the event of specimens lost in transit or submission of specimens that are inadequate for testing.

Critical Congenital Heart Disease (CCHD) and Newborn Hearing Screening:
The results of the test shall be included in the baby's clinical record, reported to DPH, and given to the parents or legal guardians, along with any follow-up recommendations.

Providing Information on Newborn Screening to Parents:

The birthing facility, birthing center, or other healthcare facility in which the infant is born is responsible for ensuring parents or guardians are given a copy of the brochure, "Georgia Newborn Screening Program: What Every Parent Should Know." DPH offers free brochures that will be shipped to the submitting facility quarterly. Email DPH-NBS@dph.ga.gov to place an order.

All CCHD and Hearing Screening results must be given to the parents or legal guardians along with any follow-up recommendations.

Re-collection of DBS Specimens with Unsatisfactory Results:

Submitting a specimen that is inadequate for testing leads to delays in providing results and places the newborn at risk for a delayed diagnosis. Birthing facilities must collect a second specimen if the first specimen submitted to GPHL was determined to be unsatisfactory for testing. The second specimen should be collected as soon as possible on a new NBS card and sent to GPHL. If the infant has been discharged, the birthing facility is responsible for contacting the pediatrician listed on the NBS card or the infant's parent or guardian (if the pediatrician's information is missing) to arrange for the collection of a second specimen.

2.2 GEORGIA PUBLIC HEALTH LABORATORY

GPHL is responsible for receiving DBS specimens and conducting laboratory testing. GPHL sends a written report of newborn screening results to the submitter and pediatrician listed on the NBS card. Abnormal results are also reported by GPHL to the designated follow-up program.

2.3 NEWBORN SCREENING FOLLOW-UP PROGRAMS

Timely follow-up of an abnormal result is critical to preventing morbidity and mortality. State-contracted follow-up programs locate infants with abnormal screening results, provide education to their parents/guardians, and facilitate referrals for diagnostic testing and disease management in a timely fashion.

DPH contracts with the following organizations to assist with timely follow-up:

- **Emory University NBS Follow-Up Program:** Organic Acid Disorders, Fatty Acid Oxidation Disorders, Amino Acid Disorders, Lysosomal Storage Disorders, Endocrine Disorders, and Other Disorders

- **Augusta University Hemoglobin Follow-Up Program and Children's Healthcare of Atlanta Hemoglobin Follow-Up Program:** Sickle Cell Disease and Hemoglobin Disorders
- **Sickle Cell Foundation of Georgia:** Sickle Cell Trait
- **Early Hearing Detection and Intervention (EHDI) District Coordinators:** Congenital hearing loss

For more information on follow-up procedures and the follow-up program's contact information, see Section 9: Follow-Up Program Procedures and Contact Information.

2.4 PRIMARY CARE PROVIDERS

The provider listed on the NBS card as the pediatrician after discharge will receive the results of newborn screening for metabolic and endocrine disorders and is responsible for contacting the infant's parent or guardian to arrange diagnostic testing and follow-up as indicated. If the infant is seeing a different healthcare provider than listed on the NBS card, the parents or guardians must inform DPH immediately (email DPH-NBS@dph.ga.gov) so the correct provider can be notified.

Birthing hospitals are responsible for informing parents or guardians about abnormal screening results for both CCHD and hearing screenings and providing referrals following the abnormal results. Primary care providers (PCP) should confirm receipt of CCHD and hearing screening results with the infant's parents or guardians and whether the results were abnormal and required referral.

See Section 3: Accessing Newborn Screening Results for more information regarding accessing newborn screening results.

Coordination with Follow-Up Programs:

The PCP will be contacted by the relevant state-contracted follow-up programs about infants with abnormal newborn screening results. See Section 9: Follow-up Program Procedures and Contact Information.

The PCP will provide the parent or guardian with the NBS results and education. The PCP may be asked by a state-designated follow-up program to do one or more of the following:

1. **Contact the parent or guardian to bring the infant in for an assessment**. Infants should be assessed as soon as possible. The follow-up program may advise that an immediate assessment or referral to an emergency department is necessary for some infants.
2. **Repeat the newborn screen -** Many infants will need a repeat screen to confirm a diagnosis. The follow-up program will include this request in the verbal and/or faxed report.
3. **Collect diagnostic test samples** - Some infants will require diagnostic testing. The follow-up team's verbal and faxed report will include information on how to do this, details on which tests to order, and recommended labs.
4. **Refer the infant for confirmatory testing** - Some infants may need to be referred to a specialist for additional testing to confirm a diagnosis. The follow-up program will provide this guidance to the PCP.

PCPs confirming abnormal test results or clinical symptoms for the conditions listed in Georgia Rule 511-5-5-.03 must report those findings to the appropriate follow-up provider.

SECTION 3: ACCESSING NEWBORN SCREENING RESULTS

3.1 LICENSED PROVIDERS

Licensed Providers have three options for obtaining newborn screening results, as outlined below. Results are typically populated in the following databases approximately 7-10 days after birth.

1) e-Reports: Online Portal for licensed physicians, physician assistants, and advanced professional nurse practitioners (e.g., APRN) registered in Georgia to retrieve newborn screening results. License numbers will be verified with the Georgia Composite Medical Board and the Georgia Secretary of State, Professional Licensing Board prior to access approval. The web portal address is https://ereports.dph.ga.gov/ereports. See eReports Web Portal Registration Form in Appendix H: eReports Web Portal Registration Form for instructions on registration.
   - Note: e-Reports will generate a written report for conditions tested via the NBS card. If an infant is born at a hospital who reports hearing and cardiac screening outside of the NBS card, those results will not be available in e-reports.

2) State Electronic Notification Surveillance System (SendSS): Authorized providers can also access newborn screening results online through the State Electronic Notification Surveillance System (SendSS). When registering, request access to "SendSS Newborn: Newborn Screening Results"
   - Note: SendSS generates an unofficial report and an official report that includes all conditions (i.e., congenital hearing loss, CCHD, and metabolic, endocrine, hemoglobinopathies and other treatable conditions.)

3) DPH NBS Program: Provider's may request a copy of their patient's newborn screening results by emailing or faxing a completed Authorization for Release of Newborn Screening Report form (Appendix I: Authorization for Release of Newborn Screening Report Form) along with proof of the provider/practice to DPH-NBS@dph.ga.gov or by fax to (404) 657-2773.

3.2 PARENTS/GUARDIANS

Parents and guardians may request a copy of their child's newborn screening results by e-mailing a completed Authorization for Release of Newborn Screening Report form (Appendix I: Authorization for Release of Newborn Screening Report Form) along with proof of identity to DPH-NBS@dph.ga.gov.

SECTION 4: FILLING OUT THE NEWBORN SCREENING CARD

4.1 IMPORTANCE OF COMPLETE DEMOGRAPHIC INFORMATION ON THE NEWBORN SCREENING CARD

Submitters are responsible for ensuring all the fields on the NBS card are completed before it is sent to GPHL. All information requested on the NBS card is vital for timely and accurate screening and follow-up. GPHL relies on the date and time of birth, the date and time of specimen collection, and birth weight recorded on the NBS card to determine whether screening results are normal or abnormal. Omitting this information or providing incorrect, incomplete, or illegible information may result in inaccurate results, delays in reporting results, or rejection of the specimen and the need for re-collection of the specimen.

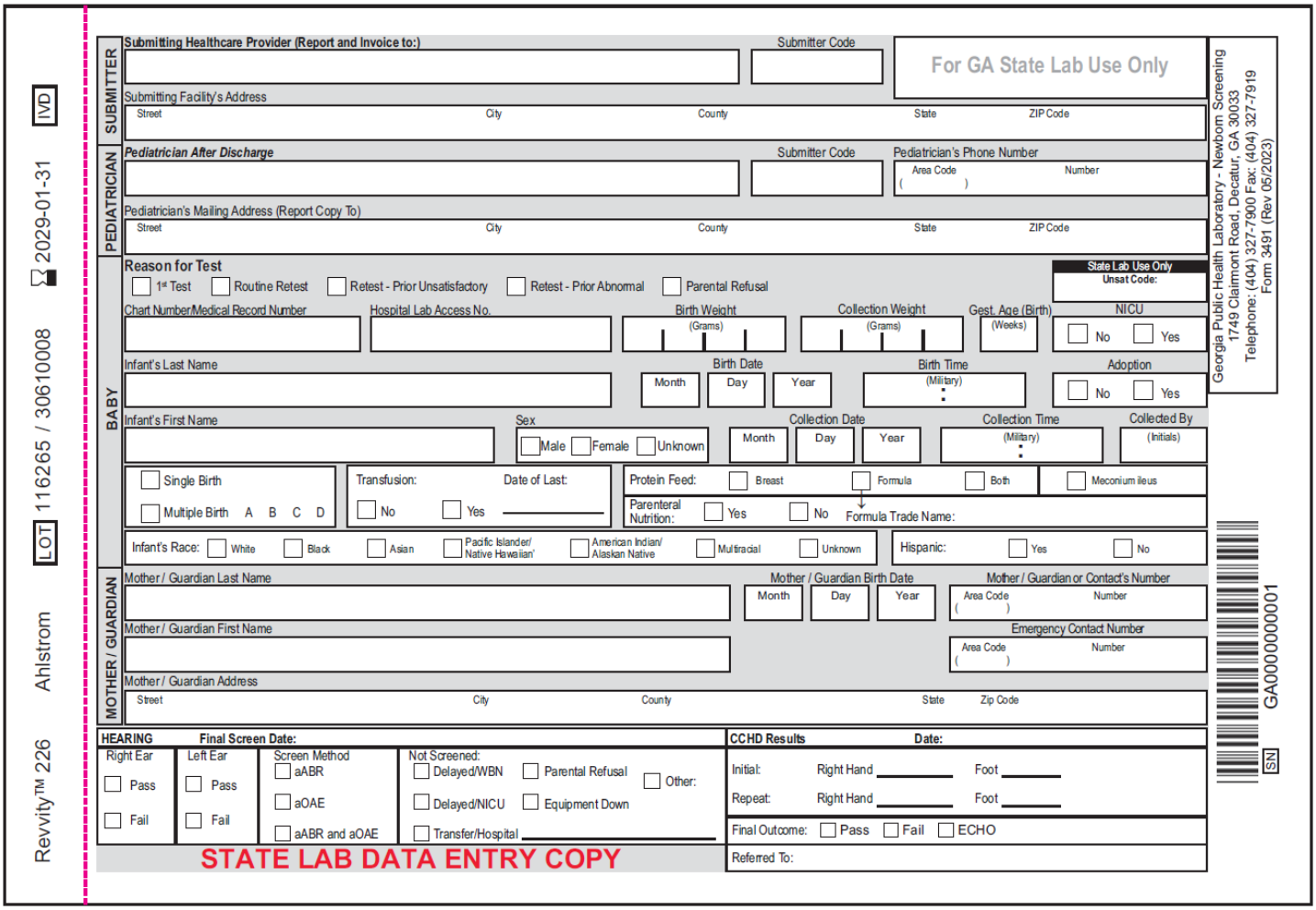
Providing the names of the (1) submitting health care provider and (2) pediatrician after discharge is critical for ensuring rapid follow-up of the results. State-designated Follow-up Programs rely on the demographic information provided on the NBS card to locate infants with abnormal results to ensure that they receive timely follow-up.

4.2 GUIDANCE FOR COMPLETING THE NEWBORN SCREENING CARD

NBS cards are medical devices and should be stored in a cool, dry place away from direct sunlight. Before collecting a specimen, check the card's expiration date. Use cards only on or before the expiration date and destroy all expired cards immediately.

Cards can be ordered from the GPHL by calling (404) 327-7928 or ordering online from GPHL's website. See Appendix L: Georgia Public Health Laboratory Specimen Collection Outfit Order Form. Do not request more than a 6-month supply of cards.

Figure 4.1 Georgia Newborn Screening Card Example



Important: Check the NBS card's expiration date before collecting the specimen. The expiration date is located on the left-side of the card.

Figure 4.2 Georgia Newborn Screening Card Expiration Date Example

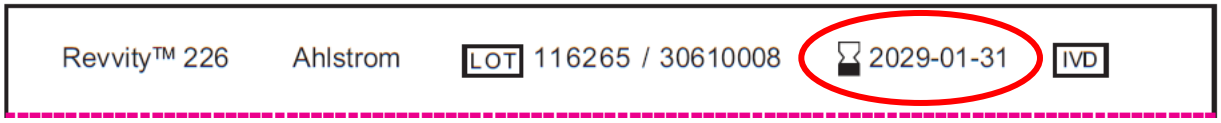


Table 4.1 Georgia Newborn Screening Card Data Fields and Descriptions

SUBMITTER SECTION	
Data Field	**Description**
Submitting Healthcare Provider (Report and Invoice to)	Name of the facility where the specimen was collected
Submitter Code	Unique identifier for the facility (three digits/letters)
Submitting Facility's Address	
• Submitting Facility's Street	Street of the Submitting Facility

• Submitting Facility's City	City of the Submitting Facility
• Submitting Facility's County	County of the Submitting Facility
• Submitting Facility's State	State of the Submitting Facility
• Submitting Facility's Zip Code	Zip Code of the Submitting Facility
PEDIATRICIAN SECTION	
Data Field	**Description**
Pediatrician After Discharge	Name of pediatrician given by parent or guardian who will administer care after discharge **Note:** A final NBS report will be mailed to this provider
Submitter Code	Unique identifier for the pediatrician (i.e., six digits "123456"); Add if known
Pediatrician's Phone Number	Named pediatrician's phone number
Pediatrician's Mailing Address (Report Copy To)	
• Pediatrician's Street	Street of the pediatrician's facility
• Pediatrician's City	City of the pediatrician's facility
• Pediatrician's County	County of the pediatrician's facility
• Pediatrician's State	State of the pediatrician's facility
• Pediatrician's Zip Code	Zip code of the pediatrician's facility
BABY SECTION	
Data Field	**Description**
Reason for Test	
• 1st Test checkbox	Select "1st Test" if this is the initial screen for infant
• Routine Retest checkbox	Select "Routine Retest" for infants in NICU/SCBU who are receiving routine repeat testing per the schedule
• Retest – Prior Unsatisfactory checkbox	Select "Retest Prior Unsatisfactory" for unsatisfactory collection result
• Retest – Prior Abnormal checkbox	Select "Retest Prior Abnormal" for out-of-range result
• Parental Refusal checkbox	Select "Refusal" for parents who refuse NBS screening
Chart Number/Medical Record Number	Infant's chart number/medical record number
Birthing facility Lab Access Number	If your birth facility uses lab access number to log the specimens, lab will place that number here
Birth Weight (grams)	Weight taken at birth used for interpretation of results
Collection Weight (grams)	Weight at time of collection if the infant is older than 7 days (used for interpretation of results)
Gestational Age (Birth)	Gestation as determined by a physician or based on the dates of pregnancy. Report gestational age in weeks

NICU	Select "yes" if the infant has been admitted to a Level II or III Special Care Baby Nursery (SCBU). Select "no" if the infant has not been admitted to a Level II or III SCBU.
Infant's Last Name	Last name of infant
Birth Date	Infant's birthdate (MM/DD/YR)
Birth Time (Military)	Infant's time of birth
Adoption	Select "yes" if adopted, if not, select "no"
Infant's First Name	Infant's first name. May be listed as Baby Boy, Baby Girl or if twins: Twin A or B if the first name is not known
Sex	Select "male", "female" or "unknown"
Collection Date	Date the specimen was collected
Collection Time (Military)	Time the specimen was collected
Collected By (Initials)	Initials of the nurse or lab tech who collected the specimen
Single Birth and Multiple Births	**Single birth**: If a mother delivered a single infant, select the "Single Birth" checkbox **Multiple birth**: If a mother delivered more than one infant, select the "Multiple Birth" checkbox, and indicate in what order this infant was delivered (e.g., A=1st, B=2nd, C=3rd, D=4th, etc.)
Transfusion	If the infant received a transfusion, select "Yes". If not, select "No"
Date of Last (Transfusion)	If the infant had a transfusion, print the date of the last transfusion
Protein Feed	Select the infant's current feeding type: • Breast – breastfed only • Formula – formula fed only • Both – breastfed and formula fed
Meconium ileus	Select if the infant has a clinical diagnosis of meconium ileus, a bowel obstruction.
Parenteral Nutrition	Select "yes" if the infant is currently receiving the administration of nutrients intravenously. If the infant is not currently receiving the administration of nutrients intravenously, select "no"
Formula Trade Name	If the infant is being fed with formula, print the formula trade name
Infant's Race	Ask parent/guardian, then indicate the race of infant
Hispanic	Select "yes" if the infant's ethnicity is Hispanic. Select "no" if the infant's ethnicity is not Hispanic
MOTHER / GUARDIAN SECTION	
Data Field	**Description**
Mother/ Guardian Last Name	Last name of the birth mother or guardian
Mother/Guardian Birth Date	Birth date of birth mother or guardian
Mother/Guardian or Contact's Number	Phone number of mother or guardian where she can be best reached after discharge
Mother/ Guardian First Name	First name of birth mother or guardian

Emergency Contact Number	Phone number of a friend or relative of the mother/guardian who can be contacted if the mother/guardian cannot be reached
Mother/ Guardian Address	
• Mother/ Guardian Street	Residing street of the mother or guardian
• Mother/ Guardian City	Residing city of the mother or guardian
• Mother/ Guardian County	Residing county of the mother or guardian
• Mother/ Guardian State	Residing state of the mother or guardian
• Mother/ Guardian Zip Code	Residing zip code of the mother or guardian
HEARING SECTION	
Data Field	**Description**
Final Screen Date	Date of the final hearing screen If screened twice, use the date of the second screen
Right Ear	Select "Pass" if the infant passed the hearing screen in the right ear. Select "Fail" if the infant did not pass the hearing screen in the right ear.
Left Ear	Select "Pass" if the infant passed the hearing screen in the left ear. Select "Fail" if the infant did not pass the hearing screen in the left ear.
Screen Method	Select the screening instrument (aABR, aOAE, aABR and aOAE) used for the final hearing screen.
Not Screened	If the infant did not receive a final screen before the card was submitted indicate the reason: "Delayed/WBN" (well baby nursery), "Parental Refusal", "Delayed/NICU" (neonatal intensive care unit), "Equipment Down", "Other", "Transfer/Birthing facility" (enter the birthing facility name the infant was transferred to).
CCHD RESULTS SECTION	
Data Field	**Description**
Date	Date the CCHD screen was completed
Initial (Both right hand and either foot must be tested)	
• Right Hand	Initial pulse oximetry results (%) for the right hand.
• Foot	Initial pulse oximetry results (%) for either foot
Repeat (Both right hand and either foot must be tested)	
• Right Hand	Repeat pulse oximetry results (%) for the right hand.
• Foot	Repeat pulse oximetry results (%) for either foot
Final Outcome	Select the appropriate checkbox to indicate the final outcome of CCHD screening: • "Pass" if the infant passed the CCHD screening • "Fail" if the infant did not pass the CCHD screening • "ECHO" if the infant had an ECHO completed

Referred To	Indicate if the infant was referred to a cardiologist or birthing facility. Write the full name of the cardiologist or birthing facility without abbreviations.

SECTION 5: DRIED BLOOD SPOT (DBS) SCREENING

5.1 OVERVIEW OF DRIED BLOOD SPOT SPECIMEN COLLECTION

The DBS specimen collection is critical, enabling early identification of metabolic, endocrine, hematologic and other conditions that may not be clinically apparent at birth. Early detection through DBS screening allows for timely medical intervention, which can significantly reduce or eliminate the long-term effects of these conditions, improve health outcomes, and, in many cases, prevent serious disability or death.

DBS Specimen Collection Process

DBS screening is a simple and minimally invasive procedure performed shortly after birth. A small blood sample is collected from the newborn's heel and applied to a specialized filter paper card. Once the blood spots have dried, the specimen is sent to GPHL for analysis. The dried format preserves analytes effectively and allows for reliable laboratory testing across a wide range of conditions.

Georgia's NBS panel includes a comprehensive list of disorders grouped into major categories:

- Amino Acid Disorders
- Endocrine Disorders
- Fatty Acid Oxidation Disorders
- Hemoglobin Disorders
- Lysosomal Storage Disorders
- Organic Acid Disorders
- Other Disorders

See Appendix C: Newborn Screening Panel and Disorder-Specific Information to review Georgia's complete NBS conditions list.

5.2 TIMING OF DRIED BLOOD SPOT SPECIMEN COLLECTION

Timing of newborn specimen collection is critical, as metabolite and hormone levels change rapidly in newborns. Appropriate timing helps reduce false positive or negative results.

General Guidance

Collect the initial dried blood spot specimen **between 24 to 48 hours of age**.
If the newborn is discharged before 24 hours, **collect a specimen prior to discharge and obtain a repeat specimen at 48 to 72 hours of age** to address the risk of false positive results from early screening.

Feeding consideration: The newborn should be fed before specimen collection to support appropriate metabolic expression of screened analytes.

NOTE: If a newborn shows clinical signs consistent with any disease on the screening panel, consultation should be done immediately with the appropriate specialist. The state-designated Newborn Screening Follow-Up Programs can be consulted and have on-call specialists available. Refer to Section 9: Follow-up Program Procedures and Contact information for information on contacting the Newborn Screening Follow-Up Programs.

5.3 DRIED BLOOD SPOT SPECIMEN COLLECTION IN SPECIAL POPULATIONS

There are additional screening considerations and schedules for:

- Infants Unlikely to Survive
- NICU or Special Care Baby Unit (SCBU)
- Transferred Infants
- Transfusions/Blood Products/ECMO
- Parenteral Nutrition
- NPO/IV Fluids Only
- Older Infants/Children

Multiple screening schedules may apply to an infant, and all relevant schedules described below should be followed.

Infants Unlikely to Survive
Collect a specimen, even if survival beyond 24 hours is not expected.

Infants in NICU or SCBU
Newborns admitted to the NICU or SCBU are at increased risk for incomplete or unreliable DBS screening. Because most are admitted within the first 24 hours of life, a single specimen is rarely sufficient; therefore, serial screening with two or three specimens is recommended to ensure accuracy and efficiency. While each collection interval presents specific advantages and limitations, together they provide the most reliable results with minimal sampling burden. The serial screening requirements below outline general recommendations for preterm, LBW, or critically ill infants. When early screening is ill-advised, clinical judgment should guide testing decisions.

a) **First Screen: Upon admission**: Collect specimen, regardless of age and/or weight, and before any treatments (except respiratory) are begun.
b) **Second Screen: Between 48-72 hours of age**: Collect specimen from newborns initially screened at <24 hours of age.
c) **Third Screen:** *Only for newborns who were <34 weeks' gestational age or <2000 grams at birth:* Collect a specimen at **28 days of age or discharge, whichever comes first.**

Transferred Infants
When an infant is transferred, the sending facility should document in the medical record whether the initial newborn screen was collected. The receiving facility must verify and document screening status. If not completed, the DBS specimen should be collected upon admission, followed by any applicable screening schedule.

Transfusions/Blood Products/ECMO
It is critical to collect a DBS specimen prior to the blood product administration whenever feasible, as even minimal transfusions may compromise screening accuracy. For infants who receive blood products during the newborn period, a repeat specimen should be collected 120 days after the last receipt of blood product to eliminate potential interference from donor cells and reduce the risk of false-negative results. Please note: This protocol only applies when the standard DBS schedule is interrupted. If all recommended specimens have been collected according to the established guidelines prior to transfusion, no further testing is needed. When submitting specimens, facilities should designate “transfusion” for infants who have received a transfusion, blood products or undergone ECMO prior to DBS collection.

Parenteral Nutrition
Parenteral nutrition (PN) may cause marked elevations in amino acid and acylcarnitine profiles, potentially resulting in false-positive results. Whenever feasible, a specimen should be collected prior to the initiation of PN to obtain accurate baseline metabolic values.

If a newborn will be started on PN shortly after birth, every effort should be made to collect the initial newborn screening specimen before PN is initiated. If collection prior to PN initiation is not possible and the infant remains on PN for the duration of the appropriate screening window, the specimen may still be collected while PN is running; however, the results should be interpreted with caution. A repeat specimen should be collected 48-72 hours after PN has been discontinued to allow metabolic values to return to baseline and ensure accurate assessment of analytes reflective of endogenous metabolism.

When submitting specimens, facilities should indicate the infant’s PN status by selecting "Yes" on the NBS card if the infant is currently receiving PN, and “no” if they are not currently receiving PN at the time of screening.

NPO/IV Fluids Only
For newborns who are NPO or receiving only IV fluids, newborn screening should proceed in accordance with NICU admission newborn screening criteria. While dried blood spot screening can be performed without oral or enteral feeding, it is important to recognize that feeding activates metabolic pathways essential for the accurate detection of certain disorders. In the absence of feeding, there is a potential for reduced sensitivity in identifying feeding-dependent conditions such as phenylketonuria, maple syrup urine disease, and galactosemia. Despite this limitation, screening for other core conditions is not dependent on feeding for diagnosis, such as congenital hypothyroidism, cystic fibrosis, sickle cell disease. Adherence to established NBS protocols ensures timely detection of life-threatening disorders and supports prompt intervention to optimize clinical outcomes.

Older Infants/Children
DBS results are most reliable during the newborn period but may remain clinically useful up to approximately three months of age when reference ranges for most screened markers remain applicable.

Infants younger than 12 months of age:
After three months of age, screening reliability decreases due to physiological maturation and age-related biochemical changes. Infants aged 3 to 12 months who were not previously screened, or whose initial results

were unsatisfactory or unavailable must have a new specimen collected. Because sensitivity for some conditions declines with age, results in this group should be interpreted cautiously.

Children older than 12 months of age:
For children 12 months and older presenting with clinical signs suggestive of metabolic, endocrine, hemoglobinopathy, or other treatable condition, newborn DBS screening should not be performed or repeated. Instead, targeted diagnostic testing should be performed in consultation with an appropriate medical specialist.

All screening and diagnostic results should be interpreted alongside clinical findings, growth and developmental status, and relevant medical history to guide appropriate management and follow-up.

5.4 DRIED BLOOD SPOT SPECIMEN COLLECTION POLICIES AND PROCEDURES

Preparing for Collection:

Provide information to parents and guardians on the procedure and ensure consent. If parents or guardians refuse procedure, please see Appendix D: Parent/Guardian Refusal of Newborn Screening.

Ensure demographic section is complete and legible on all copies before beginning specimen collection to prevent contamination. Avoid touching filter paper with hands or materials that could transfer oils or debris.

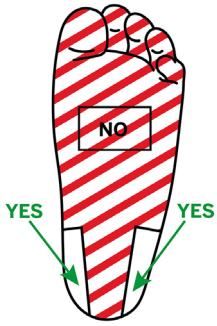
Select the blood collection site and prepare correct lancet. Acceptable sites include the medial or lateral plantar surface of the heel. In limited situations, venous or arterial blood may be used if clear of all extraneous substances (IV fluid, heparin, etc.). If one of these methods is used, the drops should be applied to the NBS card in a similar manner to the traditional procedure. Allow the blooddrop to pool at the tip of the syringe or catheter, applying one large drop to the center of the spot, and only allowing the blood to touch the filter paper. Prepare correct lancet: For preterm and low birth weight term newborns, the maximum depth is 0.85 mm. For average weight newborns and older children, maximum depth is 2.0 mm. These depths take into account spring-loaded lancets, and assume the tissue is not compressed during puncture.

The NBS DBS specimen collection procedure can be viewed on video by using the link:
https://www.youtube.com/watch?v=T-CL7dQRZ7w

Procedure Steps:

1. Wash hands before collecting the specimen. Use standard precaution practices (e.g., wear gloves and change gloves between newborns) during specimen collection and handling.
2. Warm the infant's heel by applying a disposable heel-warming device to the area for three to five minutes before beginning the procedure to increase blood flow.
3. Swaddle the infant to reduce movement and provide comfort. Non-nutritive sucking, providing an oral sucrose (20% to 30%) solution, or allowing the parent to hold and/or breastfeed are additional options for pain reduction strategies.
4. Position the infant with feet lower than the level of the heart to increase venous pressure.
5. Expose the filter paper, being careful not to touch or handle the preprinted circles before, during or after applying blood.

6. Clean the puncture site with a sterile alcohol pad. Allow to air dry to prevent hemolysis and preserve specimen integrity.
7. Using a sterile, single-use, retractable lancet, make an incision in the areas indicated on the diagram on the right. Hold lancet steady and apply gentle pressure. The puncture should be perpendicular to the heel prints, allowing a larger drop and preventing blood from running down the grooves of the heel print.
    - **Average weight newborns and older children:** Maximum depth of 2.0 mm.
    - **Preterm and LBW term newborns:** Maximum puncture depth of 0.85 mm.



8. Wipe away the first drop of blood with dry, sterile gauze to reduce risk of dilution by tissue fluids or residual alcohol.
9. Apply gentle, intermittent pressure to the heel with the thumb without excessively squeezing or milking. NOTE: Release pressure between drops to allow blood to refill. Allow a large drop of blood to form.
10. Allow the blood drop (not the heel) to touch the filter paper, filling each printed circle with only one single drop. Check to ensure the blood has saturated through the other side of the filter paper.
11. Repeat steps six through 10 and 11 until all six circles are filled, applying blood to one side of the filter paper only. Avoid touching or smearing the blood spots.
12. If there is inadequate blood flow from the heel, repeat steps seven through 11.
13. Examine filter paper to ensure all circles are filled appropriately.
14. Elevate the newborn's heel above heart, while applying gentle pressure to puncture site with a sterile gauze pad until bleeding has stopped (five to 10 seconds).

5.5 NEWBORN SCREENING CARD DRYING, HANDLING, AND SHIPPING

Allow the NBS card to thoroughly air dry for at least three hours at an ambient temperature (18-25°C) on a flat, nonabsorbent surface, unrefrigerated, and away from direct heat and sunlight. Do not stack or allow the blood spots to touch other surfaces while drying. Cards should be collected as soon as they are dry (minimum of three hours) and sent to GPHL within 24 hours of collection.

- Delayed submission to GPHL may result in a significant delay in the identification of an infant with a disorder.
- Do not accumulate or "batch" specimens before shipping as it may result in specimens too old to test.

Send NBS cards to:

Georgia Public Health Laboratory
1749 Clairmont Road
Decatur, GA 30033-4053

GPHL has a contractual agreement with United Parcel Service (UPS) to pick up and transport specimens from birthing facilities in Georgia to GPHL. Specimens may be shipped using a shipper other than UPS, but the birthing facility or healthcare provider will be responsible for the expense of using a different courier.

GPHL provides pre-addressed UPS labels specifically for birthing facilities to use to send newborn screening specimens to the Laboratory. DPH will pay for one shipment per day per birthing facility for transport of specimens to GPHL. The Laboratory assumes responsibility for testing only; whoever submits specimens must assume liability for proper identification, collection and prompt delivery of specimens to GPHL.

5.6 DRIED BLOOD SPOT REPORTING REQUIREMENTS

It is the responsibility of the birthing facility, birthing center, physician's office, or other healthcare facility in which each infant is born to ensure that a newborn screening dried blood spot (DBS) specimen is collected and submitted to GPHL for testing for select endocrine and genetic metabolic conditions.

If the birth occurs outside a birthing facility, birthing center, or other healthcare facility, then it is the responsibility of the attending physician or midwife to properly complete DBS specimen collection and submit the NBS card to GPHL.

DBS Screening Refusal
The Georgia Department of Public Health Code Rule 511-5-5.03 mandates that all Georgia newborns have a blood screening. Parents or legal guardians may object in writing on the grounds that such tests and treatment conflict with their religious beliefs. To learn more about the protocol for when guardians refuse the screening, please see Appendix D: Parent/Guardian Refusal of Newborn Screening.

A NBS card with the "Reason for Test" field marked as "Parent Refusal" should be submitted to GPHL. GPHL will issue an NBS report documenting the refusal.

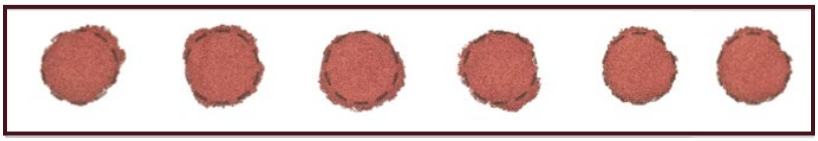
SECTION 6: PREVENTING SUBMISSION OF NEWBORN SCREENING CARDS THAT ARE UNSATISFACTORY FOR TESTING

6.1 REQUIREMENTS FOR NEWBORN SCREENING CARD ACCEPTABILITY FOR TESTING

Demographic Data Inspection
GPHL reviews the NBS card to ensure all demographic information, including: patient information, date and time of birth, date and time of collection, submitter, and clinician information are complete. NBS cards missing information cannot be reported until the missing information is resolved, in some cases necessitating re-collection.

Quality Inspection of Newborn Screening Cards
Prior to testing, GPHL inspects each NBS card to ensure that all circles are completely filled, and the blood has fully saturated the filter paper to ensure testing performance.

Example of a Satisfactory Specimen:
Circles are filled completely to the outer edge and evenly saturated, with the reverse side showing uniform saturation as well. This sample is adequate for analysis.



6.2 CATEGORIES OF UNSATISFACTORY RESULTS

A DBS specimen is considered unsatisfactory if it has insufficient or poor-quality blood or missing demographic or clinical data. Such specimens are reported as "UNSATISFACTORY", necessitating recollection and delaying results, which may increase the risk of delayed diagnosis. It is the responsibility of the birthing facility and submitting provider to ensure proper specimen collection and complete, accurate demographic information.

GEORGIA DEPARTMENT OF PUBLIC HEALTH

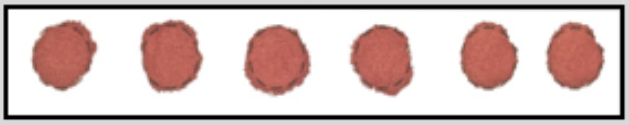
Georgia Newborn Screening Program

Newborn Dried Blood Spot (DBS) Collection

Satisfactory and Unsatisfactory Specimens

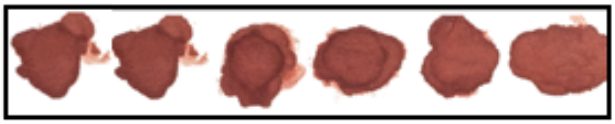
It is important to collect and submit satisfactory newborn dried blood spot (DBS) specimens. Submitting unsatisfactory DBS specimens can result in delays in screening, placing the newborn at risk for delayed diagnosis.

Satisfactory Specimens

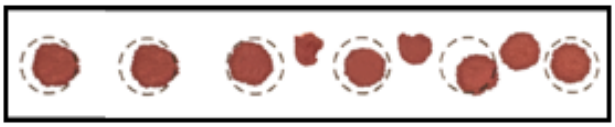


Satisfactory specimen — Circles are filled completely to the outer edge and evenly saturated. The reverse side looks the same.

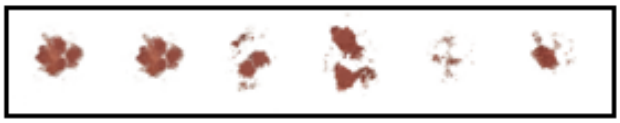
Unsatisfactory Specimens



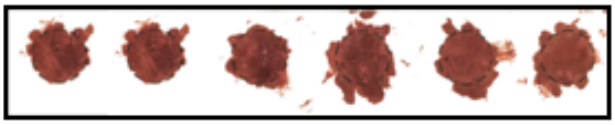
Layered specimen — Blood was applied multiple times to the same circle or the circle was filled on both sides of the filter paper.



Insufficient quantity of blood — Circles are not completely filled. The reverse side is often poorly saturated as shown.

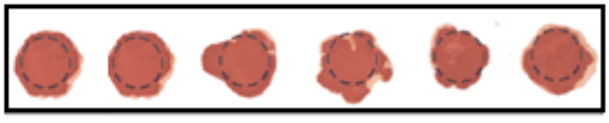


Poor saturation — The reverse side of circles are not completely filled as shown in the examples.



Heel pressed against filter paper — Specimens often have poor saturation on the reverse side as shown.

Blood is chafed/abraded/torn — This can happen when blood is applied using a capillary tube or other device.



Serum rings — Possible causes: anemic infant, excessively squeezing area surrounding puncture site, allowing filter paper to come in contact with alcohol, applying blood to filter paper with a capillary tube.

The Georgia Public Health Laboratory Newborn Screening Unit can be contacted with questions at (404) 327-7950. Additional information is available at: www.dph.ga.gov/NBS.

Table 6.1 Reasons for Specimens to be Determined Unsatisfactory

Code	Description
Oversaturated	Specimen appears supersaturated
Delayed	Specimen unsatisfactory due to delay in transit
Contaminated	Specimen appears diluted, discolored or contaminated
Uneven Saturation	Specimen has uneven saturation
Scratched	Specimen appears scratched or abraded
Expired Form	Specimen submitted on expired filter paper
Crumpled	Specimen appears crumpled
Roughed Up	Specimen appears roughed up
No Blood / Grossly QNS	No blood
Insufficient Information	Demographic information is incomplete or invalid
Blood Reattached to Form	Specimen submitted has blood reattached to form
ID Mismatch	Demographic information on filter paper does not match electronically submitted information' as this may occur when we move toward Oz Inbound messaging
Specimen Damaged in Transit	Specimen damaged during transport
Invalid/Illegible Demographics	Demographic information is incomplete or invalid
Lab Accident	Unable to analyze specimen due to laboratory accident
Missing Infant Name on Blood Card	Demographic information is incomplete or invalid
QNS	Specimen quantity insufficient because blood did not completely fill specimen circles
Other	Unsuitable for other reasons
Clotted or Layered	Specimen appears clotted or layered
Improperly Dried	Specimen not dry before mailing
Grossly Delayed	Sample too old

6.3 CORRECTING AN UNSATISFACTORY NEWBORN SCREENING CARD

The birthing facility and listed provider are responsible for contacting parents or guardians to coordinate repeat DBS specimen collection when the initial specimen is unsatisfactory.

Submitters of unsatisfactory specimens will receive written notification from GPHL detailing the reason that the initial specimen was unsatisfactory and instructing recollection using a new NBS card.

If required information is missing from the card, submitters will receive written notification along with a Request for a Corrected Report form (Appendix O: Newborn Screen Correction Form). The form must be completed, signed, and faxed to GPHL at (404) 321-2291 for the submitted specimen to be processed and the results to be finalized and reported.

SECTION 7: CRITICAL CONGENITAL HEART DISEASE (CCHD) SCREENING

7.1 CCHD OVERVIEW

Congenital Heart Defects (CHDs) are structural heart abnormalities present at birth, occurring in approximately 1 in 100 births, making them the most common congenital defect. Approximately 25% of CHD cases are critical, requiring surgical or other interventions during the neonatal period. CHDs contribute to 6% of all infant deaths in the United States.

Detection of CHD prior to birth or discharge is limited. Less than 50% of critical CHD (CCHD) cases are identified prenatally, and up to 30% of affected newborns have a normal physical examination prior to discharge. As a result, some inventive CCHD may be discharged home and rapidly decompensate.

Pulse oximetry is a simple, noninvasive, and painless test that measures hemoglobin oxygen saturation and is used to screen for CCHD. The screening detects 12 primary CCHD conditions and six secondary, non-CCHD conditions, enabling early identification of hypoxemia and reducing delayed diagnosis, morbidity, and mortality. Sensitivity for detecting CCHD ranges from 50% to 76%, meaning that a "passing" result does not exclude CCHD, and other hypoxemic conditions may still be identified.

Core Conditions (CCHD)	Secondary conditions (non-CCHD)
• Coarctation of the aorta • Double outlet right ventricle • Ebstein's anomaly • Hypoplastic left heart syndrome	• Hemoglobinopathy • Hypothermia • Infection, including sepsis • Lung disease (congenital or acquired)

- Interrupted aortic arch
- Pulmonary atresia
- Single ventricle (not otherwise specified)
- Tetralogy of Fallot
- Total anomalous pulmonary venous return
- D-Transposition of the great arteries
- Tricuspid atresia
- Truncus arteriosus
- Other critical cyanotic lesions not otherwise specified
- Non-critical congenital heart defect
- Persistent pulmonary hypertension
- Other hypoxemic conditions not otherwise specified

7.2 TIMING OF CCHD SCREENING

Screening should begin **after 24 hours of age**, or shortly before discharge if the baby is less than 24 hours of age. Waiting until 24 hours of age will decrease the risk of false positive results.

7.3 CCHD IN SPECIAL POPULATIONS

NICU/SCBU
While oxygen levels are routinely monitored in NICU/SCBU infants, obtaining preductal saturations can be challenging due to IV lines or other technical limitations. Lung disease and/or other medical conditions can affect readings, so some cases of CCHD may go undetected in this population, necessitating testing.

Timing depends on oxygen requirements.

- **Infants who never required oxygen:** Screen according to the well-baby protocol beginning after 24 hours of age.
- **Infants who required oxygen, have since been weaned to room air, and have not undergone ECHO:** Screen at least 24 hours after weaning to room air without supplemental oxygen or respiratory support.
- **Infants being discharged home on oxygen:** These infants are expected to have completed ECHO; in this case, pulse oximetry screening is not required.

Prenatal CCHD Diagnosis
Pulse oximetry is not indicated for newborns with a prenatal diagnosis of congenital heart disease, as their condition has already been identified and is under active management with planned ECHO evaluation. Additionally, infants who have already undergone echocardiography for any reason may be excluded from pulse oximetry screening.

Home Births or Infants Discharged Prior to CCHD Screening
If CCHD screening is not completed before discharge or after a home birth, it should be performed in the primary care setting as soon as possible, ideally at the first outpatient visit. The birth attendant or delivery facility should notify the infant's pediatric provider of the missed screening to ensure timely follow-up. Pediatric providers performing CCHD screenings should have a referral plan in place for infants requiring repeat screening or echocardiography.

7.4 CCHD SCREENING POLICIES AND PROCEDURES

All birthing facilities and birthing centers must be equipped to conduct a CCHD screening in accordance with the Georgia Newborn Screening Program Policy and Procedure Manual.

All newborns born in Georgia must be screened for CCHD using pulse oximetry, unless an echocardiogram (ECHO) has already been performed. Screening should be conducted by trained personnel who have pulse oximetry within their scope of practice and are familiar with the CCHD timing requirements. The screening should be performed in a quiet environment, free from excessive noise and harsh lighting, using a hospital-grade pulse oximeter designed for use in neonates.

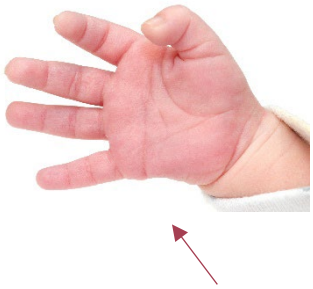
When a live birth occurs in any birthing facility, birthing center, or facility that is equipped to conduct a CCHD screening, the screening shall be conducted prior to the infant's discharge in accordance with the *Georgia Newborn Screening Policy and Procedure Manual*. Infants who have already received an echocardiogram for any reason may be excluded from CCHD screening.

CCHD Screening Procedure:

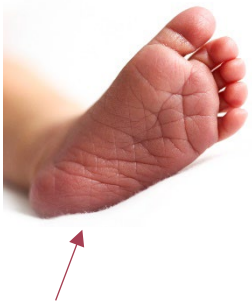
1. Prepare the environment:
   - Perform pulse oximetry screening in a quiet space, away from excessive noise, bright lights, or infrared sources.

2. Prepare the infant:
   - Swaddle the infant, leaving out the right hand/chosen foot, helping to reduce infant movement and crying during the screening.
   - Ensure that the skin is clean and dry before placing the probe on the infant.

3. Apply the Pulse Oximeter:
   - Screen the right hand (pre-ductal) and on either foot (post-ductal).
   - Place the probe on the palm or sole, wrapping the light emitter around the lateral aspect of the extremity. Ensure the photo emitter and detector are directly opposite each other. Secure the probe with vendor- recommended adhesive or foam; do not hold the probe manually.
   - If using only one pulse oximeter, test sites consecutively.



RH Application



Foot Application Site

4. Obtain a Reading:
   - Leave the probe in place for at least 30 seconds before recording.

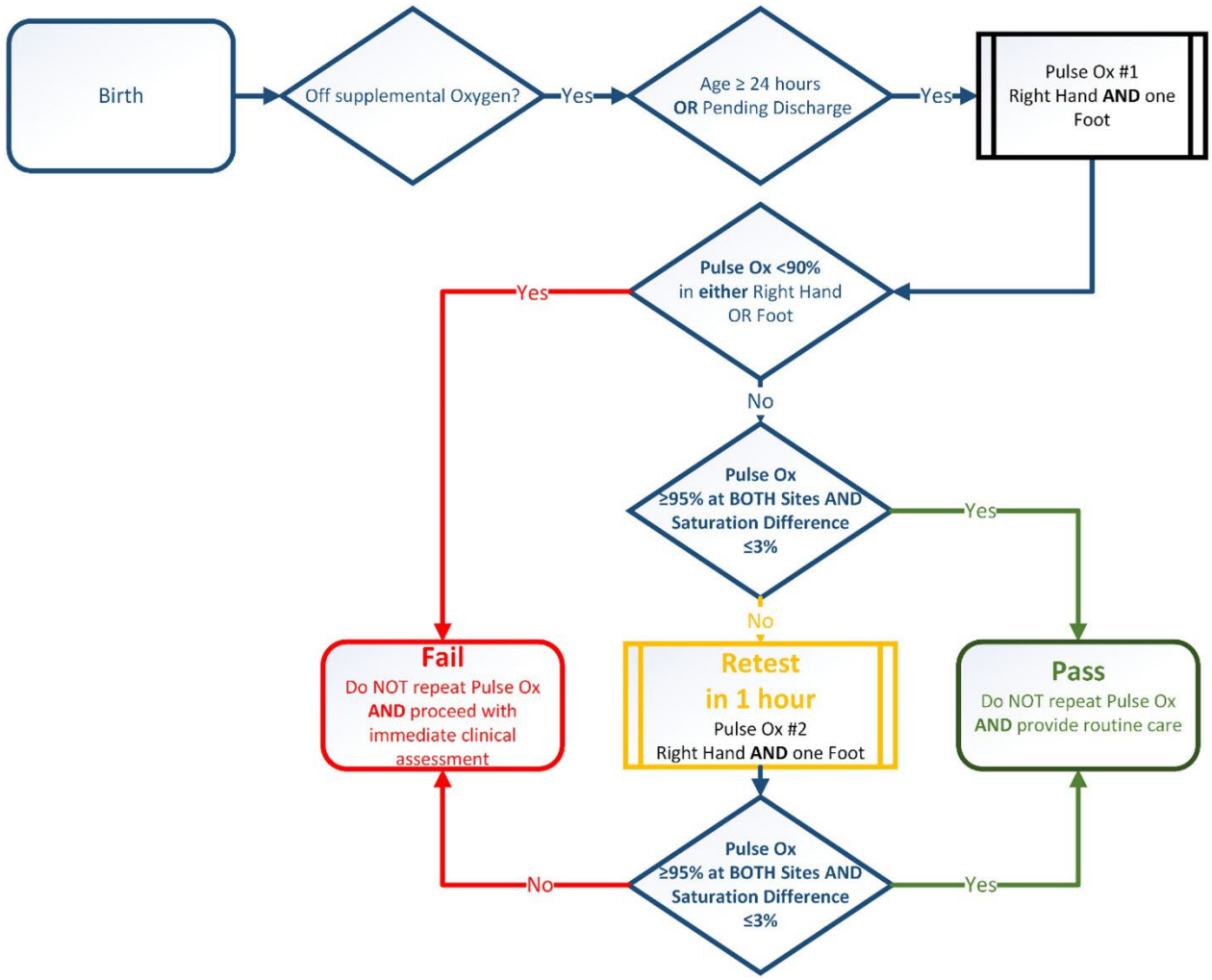
- Confirm a consistent pulse wave (arterial pulse) without motion artifacts
- measure and record baseline oxygen saturation

5. Interpret Results:
   - Follow the CCHD screening algorithm adapted from the American Academy of Pediatrics (AAP).
   - Categorize the results as “Pass” or “Fail/Action Needed”.

6. Follow-Up:
   - Provide appropriate follow up based on algorithm results, including repeat testing, monitoring, or referral for echocardiography if indicated.

7. Use the CCHD screening algorithm from AAP to determine the outcome.
   a. Refer to algorithm.

Screening Algorithm:
The following algorithm from the American Academy of Pediatrics (AAP) must be used for CCHD screening.



Oster ME, Pinto NM, Pramanik AK, et al; American Academy of Pediatrics, Section on Cardiology and Cardiac Surgery, Section on Hospital Medicine, Committee on Fetus and Newborn. Newborn Screening for Critical Congenital Heart Disease: A New Algorithm and Other Updated Recommendations: Clinical Report. Pediatrics. 2025;155(1): e2024069667.

Screening results and any subsequent activity should be recorded in the infant's medical record.

7.5 ABNORMAL CCHD RESULTS

Follow the AAP-endorsed guidelines for the referral of infants with abnormal CCHD screening results. Immediate evaluation is recommended, and infants who fail the screen should not be discharged until this assessment is complete, as they may rapidly decompensate when the ductus arteriosus closes.

AAP Guidance for Evaluation and Management after a Failed CCHD Screen
The initial step is to assess the infant's hemodynamic stability and evaluate for hypoxemia. Depending on clinical findings, this may include assessment for sepsis, pneumonia or other causes of hypoxemia. Any signs of

a congenital heart defect should prompt rapid evaluation, and, if needed, urgent transfer to a facility with advanced cardiac care capabilities.

If the infant is asymptomatic and no clear cause of hypoxemia is identified, consult a cardiologist or neonatologist and obtain an echocardiogram. The infant should not be discharged until the cause of the hypoxemia has been identified or has resolved.

Each birthing facility must have systems in place to ensure:
- Access to a cardiac specialist or neonatologist consultation
- The ability to perform an echocardiogram

7.6 CCHD REPORTING REQUIREMENTS

All birthing facilities must document each infant's pulse oximetry-CCHD screening results in the patient's medical record. Results must also be provided to parents or legal guardians and reported to DPH. There are two methods of reporting to DPH, as indicated below.

1. **NBS Card:** If CCHD was completed at the time of DBS collection, please use this method. Write CCHD results on the NBS card and mail them to GPHL. See Section 4.2 Guidance for Completing the Newborn Screening Card.
    - Do **not** hold the NBS card pending CCHD results. Send NBS card to GPHL as outlined in Section 2: Responsibilities in the Newborn Screening Process.

OR

2. **Delayed Screening Report:** If CCHD was completed after the NBS card was submitted, please use this method. (Appendix J: NBS Delayed Screening Report Form)
    - Fax a copy of the delayed screening report form to the Georgia Newborn Screening Program at (404) 657-2773 or email to DPH-NBS@dph.ga.gov.
    - Place the original form in the medical record.
    - Do **not** hold the NBS card pending hearing and/or CCHD screening results.

SECTION 8: NEWBORN HEARING SCREENING

8.1 NEWBORN HEARING SCREENING OVERVIEW

All infants born in Georgia must have their hearing screened unless parents refuse due to religious objection. See Appendix D: Parent/Guardian Refusal of Newborn Screening and Appendix E: Declaration of Religious Objection to Newborn Screening Form.

A multidisciplinary team including audiologists, physicians, audiology technicians, and nurses is essential to establish and maintain the Newborn Hearing Screening Program. An audiologist should oversee staff training

and protocol development, and each birthing facility and agency should designate a physician to oversee the program's medical components.

Timely follow-up after a failed hearing screen is critical. Georgia's 18 Early Hearing Detection and Intervention (EHDI) coordinators support prompt follow-up for infants who fail their newborn hearing screening. Accurate screening and efficient reporting by birthing facilities are key to the program's success.

8.2 TIMING OF NEWBORN HEARING SCREENING

- Infants should have their hearing screened **as close to discharge as practical**, while allowing sufficient time for a single repeat screen if needed.
- Infants must be ≥6 hours of age prior to their hearing screening.
- If an infant fails the initial hearing screening, one repeat (final) screening may be completed ≥4 hours after the first screening.

Additional timing criteria for special populations (see Section 8.3 for more information):

- Infants must be >32 weeks gestational age at the time of screening.
- Infants should be in stable clinical condition, preferably off oxygen and antibiotics for at least 24 hours.

8.3 NEWBORN HEARING SCREENING IN SPECIAL POPULATIONS

Certain infants require modified screening approaches or alternate follow-up pathways due to increased risk of hearing loss, limitations of standard screening technologies, or the presence of congenital ear anomalies.

Infants Hospitalized >5 Days in the NICU: Infants hospitalized in the NICU for more than five (5) days must be screened using Automated Auditory Brainstem Response (aABR) technology. Automated Otoacoustic Emissions (aOAE) testing must not be used as the sole screening method for this population due to the increased risk of Auditory Neuropathy Spectrum Disorder (ANSD), which may not be detected by aOAE testing alone.

aABR screening evaluates neural pathway integrity and supports identification of both cochlear and retrocochlear hearing conditions. Screening should occur once the infant is >32 weeks gestation, clinically stable, and prior to hospital discharge.

Infants with Congenital Aural Atresia or Significant External Ear Malformations: Infants with congenital aural atresia (unilateral or bilateral) or visible abnormalities of the pinna or ear canal (e.g., anotia, severe microtia, canal stenosis, or other significant malformations) should not undergo newborn hearing screening in either ear.

Based on visual inspection, these infants are considered to have failed/referred the newborn hearing screening and must be referred directly for diagnostic audiologic evaluation. When inpatient diagnostic services are available, the evaluation may be completed during the hospital stay. If not, program staff should assist the family in scheduling an outpatient diagnostic evaluation following discharge. Clear documentation and communication with the infant's medical home are essential to support timely follow-up.

8.4 NEWBORN HEARING SCREENING POLICIES AND PROCEDURES

Personnel: Newborn hearing screenings must be performed by individuals who have completed the hearing screening training curriculum directed by a Georgia-licensed audiologist, with initial and annual competency documented. See Appendix G: Training and Educational Resources.

Screening Environment:
Newborn hearing screening may be performed in the nursery, parent's birthing facility room, designated quiet room, or NICU. It is best to select an area that is quiet and free of electrical interference. Infants must be asleep and/or very calm and quiet for hearing screening. In many cases, it is best to leave an infant in the caregiver's arms during the test.

Equipment:
There are two technologies available for screening hearing in newborns:

1. **Automated Auditory Brainstem Response (aABR)*** – The aABR is used to evaluate the function of the peripheral auditory system, the auditory (eighth) nerve, and the brainstem auditory pathway. The screening level may not exceed 35dB HL.
   *Infants with a NICU stay >5 days are required to be screened using aABR, as aOAEs can miss Auditory Neuropathy Spectrum Disorder (ANSD).

2. **Automated Otoacoustic Emissions (aOAE)** – The aOAE is used to evaluate cochlear function, specifically the outer hair cells of the peripheral auditory system.

Equipment Maintenance Requirements:

- Equipment must be calibrated annually according to the manufacturer's recommendations.
- Annual calibration certificates must be maintained on file.
- Monthly equipment checks must be performed to ensure proper operation.
- Logs shall document monthly checks and any equipment issues, including dates and explanations.
- Birthing facilities should have contingency plans for newborn hearing screening in the event of equipment malfunction.

Hearing Screening Procedure:

1. Ensure the infant is medically stable, >32 weeks gestation, and ≥6 hours old (ideally >12 hours old).

2. Assess the infant's status, only attempting the screening if they are asleep and/or very calm. Consider hearing screening immediately after feeding to increase the likelihood of the infant being calm for testing.

3. Have a caregiver hold the infant and/or swaddle the infant if able.

4. Set the infant up for hearing screening per the manufacturer's instructions.

5. Begin the hearing screening.

6. Assess for validity of hearing screening:
   a) Is the infant quiet and/or asleep?
   b) Are electrodes (if applicable) on well with low impedance?

c) Are earphones and/or inserts on the ears?
d) Is the room quiet?

-If **yes** to all the above, proceed with testing, as the results should be valid.
-If **no** to any of the above, pause the screening, correct the issue, and then resume screening.

7. Equipment will provide a result of "Pass" or "Fail/Refer"

If the infant fails the hearing screening in one or both ears, one additional screening can be completed prior to discharge. You must wait at least 4 hours in between screenings, and both ears will need to be re-tested.

8.5 NEWBORN HEARING SCREENING RESULTS

Pass Result for both ears *(initial and/or final screening):*

1. Report results to DPH (see Section 8.4 Newborn Hearing Screening Reporting Requirements) and document results in the infant's medical record.
2. Inform parents of results verbally and in writing in their preferred language.
3. Inform the PCP on file of results (e.g., in the discharge summary).

Fail/Refer Result for One or Both Ears *(initial screening):*

1. Inform the caregiver/s of the results and indicate whether you will be repeating the screening prior to discharge. If you will not be completing a second screening, skip to the *final screening* instructions below.
2. Repeat prior to discharge with at least four hours between screenings, if possible.
    - Only one re-screen is permissible prior to birthing facility discharge (a total of two hearing screenings per infant).
    - Rescreening of both ears is required, even if only one ear failed the initial screening.
3. Report *only final screening results*, you do not need to report the initial screening results.

Fail/Refer Result for One or Both Ears *(final screening):*

1. Report results to DPH (see Section 8.4 Newborn Hearing Screening Reporting Requirements) and document results in the infant's medical record.
2. Inform parents of results verbally and in writing in their preferred language with follow-up recommendations. Utilize Appendix N: Newborn Hearing Screening Results and Recommendation Form
3. Educate caregiver/s on the importance of completing follow-up testing (i.e., unidentified hearing loss can cause speech, language, and reading issues; follow-up testing can be very difficult once the infant is >3 months old, as they may not sleep for the test) via access to DPH's "Have You Heard?" resource.
4. Provide caregiver(s) with follow-up locations. Best practice: Assist the family in scheduling an appointment prior to discharge.
5. Inform the PCP on file of results (e.g., in the discharge summary).
6. Complete Congenital Cytomegalovirus (cCMV) testing as fully outlined in the Congenital Cytomegalovirus (cCMV) Policy and Procedure Manual.

NOTE: Do not inform caregivers that the child likely did not pass the hearing screening due to "fluid," as this explanation may discourage the family from pursuing necessary follow-up testing.

Hearing-Targeted Congenital Cytomegalovirus (cCMV) Testing: As of October 10, 2024, if an infant does not pass the initial or final inpatient newborn hearing screening, in cases where a second screening is

performed, the hospital or birthing center shall conduct cCMV testing before discharge or 21 days of age, whichever occurs earlier.

cCMV testing must be completed via urine or saliva Polymerase Chain Reaction (PCR). Saliva Loop-Mediated Isothermal Amplification (LAMP) is also acceptable. For all patients who fail their final hearing screening, the cCMV test status (e.g. pending results, not completed) must be shared with the primary care physician on record (e.g. on the discharge summary) and provided to the family. The final test result must be included in the patient's medical record. All positive cases of cCMV must be reported to DPH within 7 days (best practice is within 72 hours of result).

DPH's designated follow-up program, Emory University NBS Follow-Up Program, will provide the healthcare provider on record with education, next steps, and assistance with referral coordination on all positive cases of cCMV reported to DPH prior to 21 days of life.

See the Congenital Cytomegalovirus (cCMV) Policy and Procedure Manual and https://dph.georgia.gov/EHDI/ccmv for more information.

8.6 NEWBORN HEARING SCREENING REPORTING REQUIREMENTS

As of January 1, 2026, Electronic Birth Certificate (EBC) worksheet is the default newborn hearing screening reporting method for every birthing facility unless your facility currently utilizes or requests an alternate reporting method (i.e. excel file transfer). The NBS card is no longer the default reporting method for newborn hearing screening results and will be phased out.

Hearing Screening Reporting Method:
All birthing facilities must document all newborn hearing screening results and/or status (e.g., pass, fail, missed, transferred, etc.) in the patient's medical record or in a manual log in the hospital unit, report results to DPH, and provide results to the parents or legal guardians.

1. **EBC Worksheet (+ Delayed Screening Form):**
   - Submit hearing screening results via EBC Worksheet (Newborn Screening Section)
   - Ensure the birthing facility data clerk has access to and is trained on entering newborn hearing screening results into the EBC Worksheet.

OR

2. **Secure Data File Transfer**
   - Send a secure excel file with all required information.
   - Ensure the birthing facility has informed DPH of their selected reporting method, as data will not be received unless DPH is notified to accept data via this method. For more information, see Appendix K: Instructions for Selecting Hearing Screening Reporting Method.

Delayed Submission: If the final hearing screen is completed after the EBC Worksheet has been submitted, use the Delayed Screening Report Form (Appendix J: NBS Delayed Screening Report Form).

- Fax a copy of the delayed screening report form to the Georgia Newborn Screening Program at (404) 657-2773 or email it to DPH-NBS@dph.ga.gov. The form can also be accessed at www.dph.ga.gov/NBS.

Contact DPH-NBS@dph.ga.gov for any newborn hearing screening-related needs.

SECTION 9: FOLLOW-UP PROGRAM PROCEDURES AND CONTACT INFORMATION

9.1 METABOLIC AND ENDOCRINE DISORDERS FOLLOW-UP

Emory University NBS Follow-Up Program:
The Emory NBS Follow-Up Program is a contracted service that consists of a team dedicated to reporting, providing support, and gathering data through the follow-up process for all children with an abnormal newborn screen of the following disorders:

- Organic Acid Disorders
- Fatty Acid Oxidation Disorders
- Amino Acid Disorders
- Lysosomal Storage Disorders
- Endocrine Disorders
- Other Disorders

The follow-up team at Emory University is responsible for locating infants with abnormal results, notifying the healthcare provider listed on the NBS card, providing education and resources about the condition, and offering recommendations. They will also contact families by phone or letter to notify them of results and next steps.

Abnormal newborn screening results are triaged into three categories:

- **Borderline:** These results and recommendations are reported via fax to the provider listed on the NBS card. A letter is also mailed to the family, instructing them to contact their healthcare provider about the abnormal newborn screen result.
- **Routine abnormal:** The provider listed on the NBS card is called to report the result and recommendations, followed by a fax of the same information. Letters are not routinely sent to families.
- **Critical abnormal:** The provider listed on the NBS card is called immediately to report the result and recommendations. These calls are then followed by a fax of the information and a subsequent phone call if action has been delayed. Letters are not routinely sent to families.

Faxes contain the screen results, basic information about the disorder and how to assess the child, and the follow-up recommendation.

Emory University NBS Follow-Up Program Contact Information

Phone Number: (404) 778-8560
Physician on call (including genetics, endocrinology, immunology, pulmonology): (404) 785-7778
Website: www.med.emory.edu/departments/human-genetics/patient-care/newborn-screening.html

9.2 HEMOGLOBIN CONDITIONS FOLLOW-UP

Sickle Cell Disease or Other Clinically Significant Hemoglobinopathies
Sickle Cell Disease (SCD) is the most prevalent genetic disorder identified by NBS in Georgia and includes both homozygous (Hb SS) and compound heterozygous forms of SCD (e.g., sickle Hb C disease, sickle β° thalassemia, and sickle β^+ thalassemia). The screening methodologies used also detect a variety of other clinically significant non-sickle hemoglobinopathies, such as homozygous Hb C, hemoglobin C/ β^+ and β° thalassemia, homozygous E, hemoglobin E/ β^+ and β° -thalassemia disease and others.

Infants with NBS results indicative of SCD or other clinically significant hemoglobinopathies should have confirmatory testing performed as soon as possible in early infancy so that family education and comprehensive care (including prophylactic penicillin for those with SCD) can be initiated during the first 2-3 months of age before signs and symptoms usually develop. For infants with SCD, timely completion of these actions is crucial in reducing morbidity and premature death.

In Georgia, responsibility for ensuring timely follow-up is divided between Children's Healthcare of Atlanta (CHOA) Hemoglobin Follow-up Program for greater Metro-Atlanta counties and the Augusta University (AU) Hemoglobin Follow-up Program for all other counties located across Georgia), and public health departments and agencies throughout the state to ensure that all infants identified with abnormal results receive timely diagnosis and treatment. The programs also utilize outreach and some telemedicine clinics to extend the reach of specialty care in more rural areas. AU operates clinics in Albany, Dublin, Valdosta, and Waycross, and CHOA has monthly SCD outreach clinics in Columbus. The follow-up teams also provide education and counseling to families and serve as a resource for physicians, partners, and families. Cases are referred to the county health departments as needed and DPH's Child Health programs for child health intervention services.

Augusta University (AU) Hemoglobin Follow-up Program Contact Information:
Provides follow-up for infants in designated locations outside of the greater Metro-Atlanta area.
NBS Program Coordinator: (706) 721-6251; On-call MD: (706) 721-4929
Website: www.augusta.edu/centers/blood-disorders

Children's Healthcare of Atlanta (CHOA) Hemoglobin Follow-up Program Contact Information:
Provides follow-up for infants within the Greater Metro-Atlanta area.
NBS Follow-up Coordinator: (404) 785-1087 or CHOA Hematologist On-call MD: (404) 785-7778
Website: www.choa.org/medical-services/cancer-and-blood-disorders/blood-disorders

Sickle Cell Trait and Other Hemoglobin Variants
Newborn screening also identifies heterozygous carriers of sickle cell trait and other hemoglobin variants (e.g., Hb C, D, E) as well as some with thalassemia. The Sickle Cell Foundation of Georgia, Inc. (SCFG) is responsible for following up on abnormal hemoglobin results that indicate a carrier or "trait" status (sickle C, D, E, and alpha thalassemia). The SCFG staff provides testing, counseling, and education for the Georgia Newborn Screening Program. SCFG community health workers provide care coordination for families of infants with a significant hemoglobinopathy in collaboration with clinical partners. Additionally, SCFG serves as a specimen collection site for confirmatory testing of clinically significant hemoglobin disorders and family studies.

The Sickle Cell Foundation of Georgia, Inc (SCFG) Contact Information:
SCFG NBS Coordinator: (404) 755-1641 or 1-800-326-5287 (toll-free)
Website: www.sicklecellga.org

Hemoglobin Follow-up Program's Responsibilities
The hemoglobin follow-up programs are contracted services. The follow-up teams at CHOA and AU ensure that abnormal hemoglobin results are reported to the health care provider listed on the NBS card or the infant's current PCP. Support is provided to PCPs in educating the family about the results of the DBS screening and coordination of referral to hematology specialty care for diagnostic testing and appropriate treatment. When necessary, the follow-up teams provide education and counseling directly to families. Confirmed cases are referred to DPH's Child Health Program for determination of eligibility for DPH Child Health services, and results of confirmatory testing are reported through SendSS.

NBS Follow-up Program Coordinators fax the following information to healthcare providers:

1. A letter that explains the screening mandate, confirmation process, and contact information.
2. Copy of the GPHL NBS report
3. Copy of The American College of Medical Genetics, Newborn Screening ACT Sheets and Confirmatory Algorithms
4. Confirmatory testing information depending on the follow-up program:
    1. AU: Copies of a lab slip for the Titus H.J. Huisman Hemoglobinopathy Laboratory at the Medical College of Georgia at Augusta University.
    2. CHOA: PCP makes a referral to the hematology clinic for confirmatory testing at the first visit.

Signs of sickle cell disease can develop shortly after birth, which is why it is important to collect the confirmatory test (hemoglobin electrophoresis and high-performance liquid chromatography) as soon as possible, without delay. Below are resources for the collection of the test:

- The Titus H.J. Huisman Hemoglobinopathy Laboratory at the Medical College of Georgia at Augusta University located in Augusta, Georgia, located at Augusta University in Augusta, Georgia, is an international testing and reference center for sickle cell disease, thalassemia, and other hemoglobin disorders. The AU laboratory is one of a few in the country that studies abnormal hemoglobin and is a resource for researchers and providers throughout the country and beyond, it is the preferred testing site for AU confirmatory testing. Testing at AU is free for NBS confirmation of hemoglobinopathy and associated family studies. There may be a fee incurred for other testing; the lab should be contacted directly for additional information.
- The hematopathology laboratory of CHOA or Grady Memorial Hospital performs capillary hemoglobin electrophoresis five days per week with high-performance liquid chromatography (HPLC) confirmation of all abnormal hemoglobin variants. For cases that require additional genetic testing for diagnosis, samples are sent to AU for confirmatory testing.

Special Circumstances – Transfusions:

Receipt of a blood transfusion prior to DBS specimen collection confounds the interpretation because the transfused hemoglobin of the blood donor remains in circulation for 120 days. Therefore, it is essential that both the initial DBS and subsequent confirmatory test specimens be collected prior to any blood transfusion. In situations where this is not possible, the prior transfusion history should be clearly indicated on the NBS card by the submitter of the specimen.

Refer to Section 5.3 Dried Blood Spot Specimen Collection in Special Populations for additional guidance.

Abnormal HgB Results for Transfused Infants

DBS results that indicate the presence of sickle hemoglobin and normal hemoglobin in an infant transfused prior to blood collection should be referred as soon as possible to a reference lab for genetic (DNA) testing to exclude sickle cell disease. For confirmatory testing information contact Augusta University (706) 721-6251 and Children's Healthcare of Atlanta (404) 785-1087.

Follow-up Recommendations:

Post-transfusion confirmatory testing (HPLC, IEF, or DNA testing) should be completed in consultation with the NBS Follow-up Programs.

Healthcare Provider's Responsibilities:

The provider listed on the NBS card is responsible for contacting the family to arrange diagnostic testing and follow-up. If the provider is not following the patient, the NBS Follow-up Coordinator attempts to identify the current PCP. If no PCP is identified, the NBS follow-up Coordinator contacts the family directly to provide the results of the abnormal newborn screen.

PCPs are asked to do the following:

- Contact the family to schedule an appointment as soon as possible and share the DBS results and educational literature with them during the initial visit.
  - Notify the NBS Follow-up Coordinator if the family is seeing another healthcare provider.
  - If no provider can be located, provide notification about the abnormal results to the family by phone or by certified mail if unable to reach them by phone.
- Refer all NBS cases to a pediatric hematologist or SCD outreach clinic.
  - If confirmatory testing is performed before the first hematology visit, please fax the results to the NBS Follow-up Coordinator.
- Educate caregivers on the basics of SCD, including its genetic component, the immediate need for penicillin prophylaxis, and the benefits of protein-conjugated pneumococcal immunizations.

The NBS Follow-up Coordinators should make every attempt to contact the patient's PCP office to facilitate penicillin prophylaxis initiation within one month of birth (if warranted) and ensure SCD diagnosis confirmation. The NBS Follow-up Coordinator should notify the NBS Program to engage CHOA or Augusta University for evaluation of the need for penicillin prophylaxis and confirmatory diagnosis.

If the patient doesn't have a PCP or the parents refuse PCP recommendations, the NBS Follow-up Coordinator will contact the families with information about the abnormal test and assist with identifying a PCP and other interventions as needed for diagnosis confirmation.

9.3 NEWBORN HEARING SCREENING FOLLOW-UP

DPH has 18 Early Hearing Detection and Intervention (EHDI) Coordinators located throughout Georgia; 1 per health district. District EHDI Coordinators will assist parents or guardians of infants who failed their hearing screening in receiving follow-up testing and connect infants diagnosed with a permanent hearing loss with connection to early intervention and family support services.

Early Hearing Detection and Intervention (EHDI) District Coordinators Contact Information:

To locate the EHDI coordinator for your health district, visit the Women, Children, and Nursing Service Locator and filter by the "Early Hearing Detection and Intervention" program.

SECTION 10: APPENDICES AND REFERENCES

10.1 APPENDICES

APPENDIX A: GLOSSARY OF TERMS

Newborn Screening Definitions:

Abnormal test result: A test result that is outside the screening limits set forth in the current edition of the Georgia Newborn Screening Program Policy and Procedure Manual.

Adequate specimen: A DBS specimen that is properly collected in accordance with the current edition of the Georgia Newborn Screening Program Policy and Procedure Manual.

Approved laboratory: A laboratory licensed in Georgia, which has been specifically approved by the Georgia Department of Public Health to conduct laboratory analysis of DBS specimens for the disorders specified in the Georgia Newborn Screening Policy and Procedure Manual.

Automated auditory brainstem response (aABR): A specific test method that measures the brainstem's response to acoustic stimulation of the ear, using equipment that automatically provides a pass/refer outcome.

Automated Otoacoustic Emissions Testing (aOAE): A specific test method that elicits a physiologic response from the outer hair cells in the cochlea, using equipment that automatically provides a pass/refer outcome.

Birthing center/facility: Any facility that is licensed by the Georgia Department of Community Health as a birthing center.

Dried Blood Spot Specimen (DBS): This is a blood sample collected on filter paper and air dried before transport to the laboratory for screening.

Confirmatory test/diagnostic test: A test to prove or disprove the presence of a specific disease/condition suspected due to NBS results.

Critical Congenital Heart Disease (CCHD): A group of serious heart defects that are present from birth, including coarctation of the aorta (CoA), double-outlet right ventricle, D-transposition of the great arteries, Ebstein's anomaly, hypoplastic left heart syndrome, interrupted aortic arch, pulmonary atresia, single ventricle, total anomalous pulmonary venous connection, tetralogy of Fallot, tricuspid atresia, and truncus arteriosus.

Gestational age (GA): The number of completed weeks in a pregnancy (measured from the first day of the last menstrual cycle until birth).

Low birth weight (LBW): A birth weight of less than 2500 grams.

Newborn Screening Specimen Card (NBS Card): The current version of DPH Form 3491 is used to collect information and blood specimens from a newborn infant.

Newborn Hearing Screening Test: The completion of an objective, physiological test or battery of tests administered to determine the infant's hearing status and the need for further diagnostic testing by an audiologist or physician in accordance with the Georgia Newborn Screening Program Policy and Procedure Manual's approved instrumentation, protocols and pass/refer criteria.

Newborn Screening and Genetics Advisory Committee (NBSAC): A multi-disciplinary group of professional and consumer representatives with knowledge and expertise in newborn screening programs appointed by the Commissioner of Public Health.

Parenteral nutrition (PN): Administration of nutrients intravenously.

Preterm/premature: Infant born before 37 completed weeks (259 days) of gestation.

Recollection: Collection of another specimen from the same newborn due to an unsatisfactory initial specimen or due to NICU/SBCU admission retesting recommendations.

Submitter/Submitting Facility: Any person or entity submitting an NBS card for analysis, typically the birthing facility, birthing facility, midwife, or birthing center.

Unsatisfactory Specimen (Unsat): A DBS specimen that is rejected by the laboratory because the quality of the specimen does not allow for accurate testing or because critical information is missing from the NBS card, which inhibits the laboratory's ability to accurately identify the infant or interpret the test results.

Abbreviations and Acronyms:

cCMV: Congenital Cytomegalovirus

CF: Cystic Fibrosis

DBS: Dried Blood Spot

DPH: Georgia Department of Public Health

EBC: Electronic Birth Certificate

GPHL: Georgia Public Health Laboratory

LBW: Low Birth Weight

NBHS: Newborn Hearing Screening

NBS: Newborn Screening

NICU: Neonatal Intensive Care Unit

NPO: Nil per os (nothing by mouth)

PCP: Primary Care Provider

POC: Point-of-Care

SCBU: Special Care Baby Unit

SCD: Sickle Cell Disease

APPENDIX B: GEORGIA RULES AND REGULATIONS PERTAINING TO NEWBORN SCREENING

Public Health Regulations

The Georgia Department of Public Health is authorized by law to enact administrative regulations to protect public health. Thirty-three separate regulations chapters, each devoted to a particular subject, are available.

Each of Georgia's 159 County Boards of Health is also authorized to enact regulations to protect the public health in their jurisdiction, provided those county regulations do not contradict those of the Department. After reviewing the Department's regulations, you may check with your County Board of Health to see if it has elected to enact supplemental regulations on a particular subject.

Web Link to Georgia Public Health Code 511-5-5 Testing for Inherited Disorders in the Newborn

APPENDIX C: NEWBORN SCREENING PANEL AND DISORDER-SPECIFIC INFORMATION

The Georgia Department of Public Health Code Rule 511-5-5-.03 **mandates** that all Georgia newborns have the following screenings: dried blood spot screening, critical congenital heart disease screening, and hearing screening.

Dried Blood Spot Screening:

Amino Acid Disorders

- Argininosuccinic aciduria (ASA)
- Citrullinemia, type I (CIT)
- Classic phenylketonuria (PKU)
- Homocystinuria (HCY)
- Maple syrup urine disease (MSUD)
- Tyrosinemia, type I (TYR I)

Endocrine Disorders

- Congenital adrenal hyperplasia (CAH)
- Primary congenital hypothyroidism (CH)

Fatty Acid Oxidation Disorders

- Carnitine uptake defect/carnitine transport defect (CUD)
- Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)
- Medium-chain Acyl-CoA dehydrogenase deficiency (MCAD)
- Trifunctional protein deficiency (TFP)
- Very-long-chain acyl-CoA dehydrogenase deficiency (VLCAD)

Hemoglobin Disorders

- S, βeta-thalassemia (Hb S/ßTh)
- S, C disease (Hb S/C)
- S, S disease (Sickle cell anemia) (Hb SS)
- Various other hemoglobinopathies (Var Hb)

Lysosomal Storage Disorders

- Infantile Krabbe Disease
- Glycogen Storage Disease Type II (Pompe)
- Mucopolysaccharidosis Type I (MPS I)
- Mucopolysaccharidosis Type II (MPS II)

Organic Acid Disorders	• 3-Hydroxy-3-methyglutaric aciduria (HMG) • 3-Methylcrotonyl-CoA carboxylase deficiency (3-MCC) • β-Ketothiolase deficiency (BKT) • Glutaric acidemia type I (GA-1) • Holocarboxylase synthase deficiency (MCD) • Isovaleric acidemia (IVA) • Methylmalonic acidemia (cobalamin disorders) (Cbl A,B) • Methylmalonic acidemia (methylmalonyl-CoA mutase) (MUT) • Propionic acidemia (PROP)
Other Disorders	• Biotinidase deficiency (BIOT) • Classic galactosemia (GALT) • Cystic fibrosis (CF) • Guanidinoacetate Methyltransferase Deficiency (GAMT) • Severe combined Immunodeficiencies (SCID) • Spinal Muscular Atrophy due to homozygous deletion of exon 7 in SMN1 (SMA) • X-linked Adrenoleukodystrophy (X-ALD)

Critical Congenital Heart Disease Screening:

Critical Congenital Heart Disease (CCHD)	• Critical congenital heart disease (CCHD)

Hearing Screening:

Hearing Loss	• Hearing loss (HEAR)

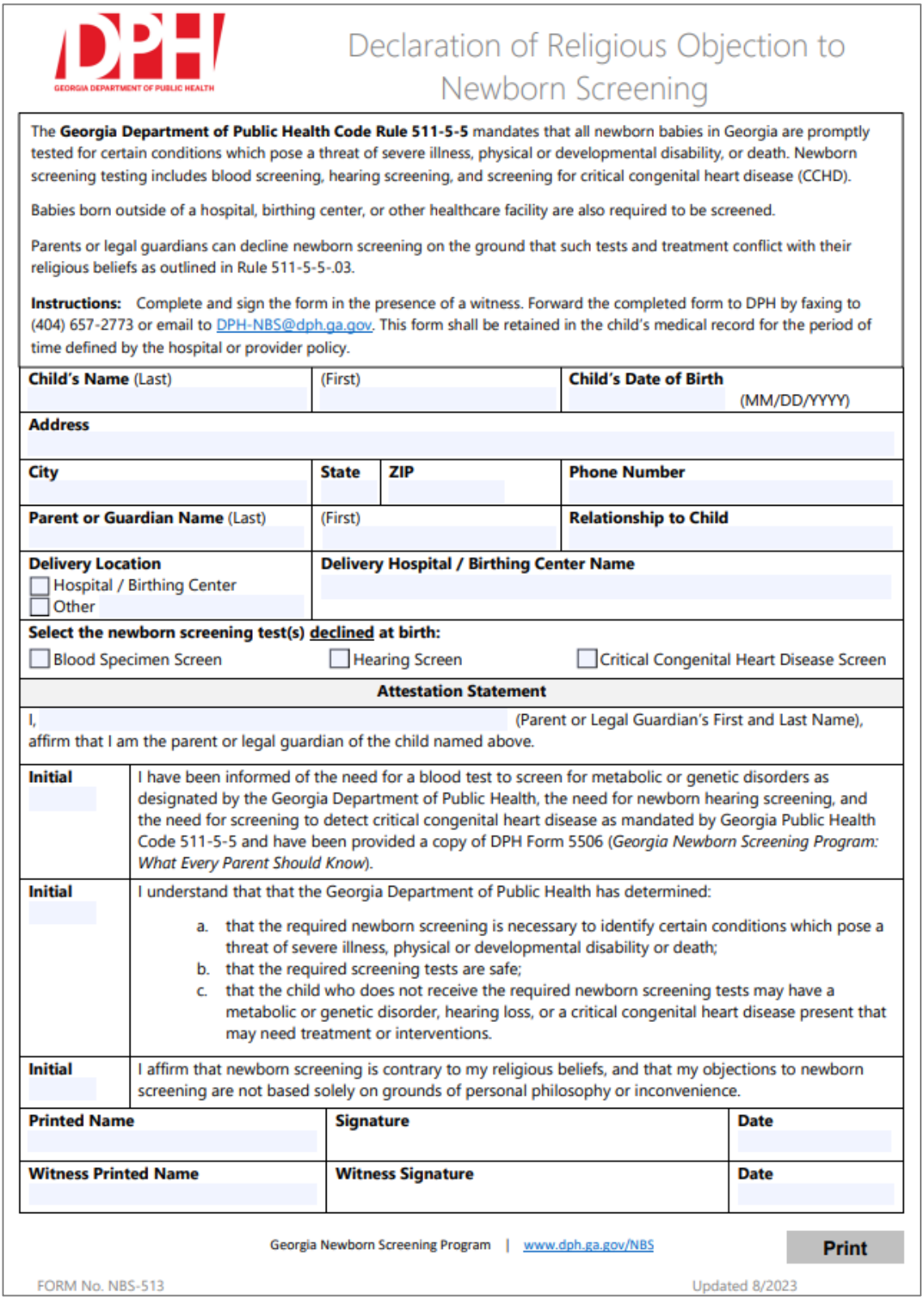
APPENDIX D: PARENT/GUARDIAN REFUSAL OF NEWBORN SCREENING

Every infant born alive in Georgia shall receive newborn screening, unless the infant's parents or legal guardians object in writing on the grounds that such tests and treatment conflict with their religious beliefs.

The following process must be completed when a parent or legal guardian refuses to consent to newborn screening:

a) Notify appropriate birthing facility staff and infant care provider.
b) Provide parent with a copy of the NBS brochure, *What Every Parent Should Know* (DPH form #5506)
c) Document parent's confirmation that brochure was read, and questions were answered.
d) Offer parent NBS video to view.
e) Document parent confirmation of understanding the purpose of performing NBS.
f) Request the parent complete and sign institution's refusal form or DPH's Declaration of Religious Objection to NBS form (Appendix E: Declaration of Religious Objection to Newborn Screening Form) .
g) The refusal form must be signed by a witness.
h) Place copy of signed refusal form in infant's medical record
i) Fax the completed Refusal Form to DPH (404) 657-2773 or email to DPH-NBS@dph.ga.gov
j) Document parent refusal in the appropriate box on the NBS card and Ship/Mail the NBS card to the Georgia Public Health Laboratory.
k) If parent agrees to newborn hearing and CCHD screening but not DBS screening, document hearing and CCHD results on the NBS card (or whichever reporting method facility has selected), document parental refusal of DBS screening and ship/mail NBS card to the Georgia Public Health Laboratory.

APPENDIX E: DECLARATION OF RELIGIOUS OBJECTION TO NEWBORN SCREENING FORM



GEORGIA DEPARTMENT OF PUBLIC HEALTH

Declaration of Religious Objection to Newborn Screening

The **Georgia Department of Public Health Code Rule 511-5-5** mandates that all newborn babies in Georgia are promptly tested for certain conditions which pose a threat of severe illness, physical or developmental disability, or death. Newborn screening testing includes blood screening, hearing screening, and screening for critical congenital heart disease (CCHD).

Babies born outside of a hospital, birthing center, or other healthcare facility are also required to be screened.

Parents or legal guardians can decline newborn screening on the ground that such tests and treatment conflict with their religious beliefs as outlined in Rule 511-5-5-.03.

Instructions: Complete and sign the form in the presence of a witness. Forward the completed form to DPH by faxing to (404) 657-2773 or email to DPH-NBS@dph.ga.gov. This form shall be retained in the child's medical record for the period of time defined by the hospital or provider policy.

Child's Name (Last)	(First)	**Child's Date of Birth** (MM/DD/YYYY)
Address		
City	**State** / **ZIP**	**Phone Number**
Parent or Guardian Name (Last)	(First)	**Relationship to Child**
Delivery Location ☐ Hospital / Birthing Center ☐ Other	**Delivery Hospital / Birthing Center Name**	

Select the newborn screening test(s) declined at birth:

☐ Blood Specimen Screen ☐ Hearing Screen ☐ Critical Congenital Heart Disease Screen

Attestation Statement

I, _____ (Parent or Legal Guardian's First and Last Name), affirm that I am the parent or legal guardian of the child named above.

Initial	I have been informed of the need for a blood test to screen for metabolic or genetic disorders as designated by the Georgia Department of Public Health, the need for newborn hearing screening, and the need for screening to detect critical congenital heart disease as mandated by Georgia Public Health Code 511-5-5 and have been provided a copy of DPH Form 5506 (*Georgia Newborn Screening Program: What Every Parent Should Know*).
Initial	I understand that that the Georgia Department of Public Health has determined: a. that the required newborn screening is necessary to identify certain conditions which pose a threat of severe illness, physical or developmental disability or death; b. that the required screening tests are safe; c. that the child who does not receive the required newborn screening tests may have a metabolic or genetic disorder, hearing loss, or a critical congenital heart disease present that may need treatment or interventions.
Initial	I affirm that newborn screening is contrary to my religious beliefs, and that my objections to newborn screening are not based solely on grounds of personal philosophy or inconvenience.

Printed Name	**Signature**	**Date**
Witness Printed Name	**Witness Signature**	**Date**

Georgia Newborn Screening Program | www.dph.ga.gov/NBS

Print

FORM No. NBS-513 Updated 8/2023

Link to the form: https://dph.georgia.gov/document/document/declaration-religious-objection-nbs-form/download

APPENDIX F: GEORGIA NEWBORN SCREENING PROGRAM POLICY FOR RETENTION AND USE OF RESIDUAL DRIED BLOOD SPOT (DBS) SPECIMENS

DPH must comply with federal HIPPA requirements to protect the privacy of infants and their families and ensure that all specimens are protected from inappropriate use or access.

(1) How the newborn screening specimens will be stored:

Upon receipt by the GPHL, NBS cards are either stored refrigerated (2-8°C) or at ambient temperature (18-25°C) until testing is completed. After testing is finished, the NBS cards are stored in a walk-in refrigerator or (-20°C) or lower freezer, in low gas-permeable, plastic bins or zip-closure bags with desiccant and humidity indicator cards and CDC quality assurance materials (base and elevated NBS cards) as recommended by the Clinical and Laboratory Standards Institute (CLSI) until disposed of.

(2) Length of time that specimens will be stored

All NBS cards are retained for 16 weeks after testing is completed to allow for re-analysis if questions arise concerning the test results. Specimens that are determined to be presumptive positive for any of the diseases included in the newborn screening panel are stored for at least one year.

Any parent/guardian who desires to have his/her infant's newborn screening specimen (presumptive positive or confirmed case) destroyed twelve weeks after completion of testing may request such action in writing. Any parent/guardian who desires assurance that his/her infant's specimen has been destroyed after completion of testing may request confirmation of such action in writing.

(3) Who will have access to the specimens

GPHL is a secure facility. Access to newborn screening specimens is restricted to GPHL staff involved with specimen receipt, testing, data entry, and laboratory management only.

(4) Use of DBS Specimens

Residual DBS specimens and associated demographic information are used to support essential NBS program functions such as NBS program evaluation, quality assurance, result verification, test refinement, and quality improvement initiatives. Retained NBS cards and associated demographic information can be used for the following purposes:

- Laboratory quality control, quality assurance, and improvement
- Verification of equipment calibration
- Evaluation of equipment, reagents, and methods of newborn screening tests for conditions approved for screening by the program.
- Validation of equipment and screening methods
- Internal method development and method validation studies, including the setting of appropriate cutoffs or normal ranges.
- Quality assurance audits and gap analysis.

- For a project of public health importance deemed to be research or non-research for the purpose of public policy or health care operations that has been reviewed and approved by the Georgia Department of Public Health as described below.

De-identified DBS samples may be sent to another laboratory when the reason for sending the sample is:

- Participation in a specimen exchange program designed to improve the quality of testing in newborn screening laboratories; or
- Collaboration with another laboratory in developing or validating a newborn screening method. This use requires a statement from the laboratory requesting the specimens that specifies how the specimens will be used, and written approval from the GPHL Director.

(5) Release of Specimens to Another Entity

DBS samples may be transferred to other entities as delineated below:

- An entity that has a contract with DPH to perform additional (i.e., second tier) testing in response to an out-of-range screening result.
- A health care provider at the request of the patient, legal guardian, or legal representative after completing and signing a written request form approved by DPH. See Appendix M: Authorization for Release of Protected Health Information.
- A named person in a legally executed subpoena following review and approval by the attorney general or his/her designee.
- A person to whom release is mandated by order of a court of competent jurisdiction.
- A researcher with written, informed consent from the patient, legal guardian, or legal representative, if the research project has been reviewed and approved by DPH.

(6) Research or Third-Party Requests

As part of its public health responsibility to improve newborn screening and public health, DPH will consider study requests to use DBS samples for projects for which informed consent from the legal guardian, or legal representative has been obtained.

Affirmative responses by DPH to a study request using DBSs will depend on, but are not limited to:

- The availability of staff and staff time within the GPHL; and
- Review by the DPH Institutional Review Board (IRB) to determine that the study:
    - Complies with state and federal confidentiality and human subjects research protection requirements.
    - Has public health or medical benefit
    - Is appropriate for the purpose and intended outcome of the study.

Prior to submitting a formal project proposal to DPH, an investigator should first contact the Director of the GPHL so the Laboratory Director may better understand the proposed project and advise whether the Laboratory will have sufficient resources to meet the request before the investigator initiates the formal project proposal and IRB process with DPH.

(7) Disposal

NBS cards will be autoclaved and then handled as medical waste.

APPENDIX G: TRAINING AND EDUCATIONAL RESOURCES

Newborn Dried Blood Spot (DBS) Specimen Collection:

- Georgia Department of Public Health's Newborn Screening Specimen Collection training video
- Newborn Screening: Sample Collection and Handling procedure instructions courtesy of Revvity

Newborn Screening and Genetics:

- The Centers for Disease Control and Prevention serve as the national center for developing and implementing disease prevention and control, environmental health, health promotion, and education activities designed to improve the health of the U.S. population.
- American College of Medical Genetics and Genomics Newborn Screening ACT Sheets: provides immediate steps for physicians to take upon receiving a positive screen for an infant in their practice.
- American Academy of Pediatrics (Georgia Chapter) welfare of all infants, children, and adolescents in the State of Georgia.
- Clinical and Laboratory Standards Institute (CLSI) provides resources on specimen collection and newborn screening.
- Save Babies Through Screening Foundation, Inc. provides parents with information on newborn screening, disease descriptions, screening information from other states, a resource library, family stories, and additional support materials.
- Sickle Cell Disease Association of America advocates for individuals affected by sickle cell conditions, provides education, patient and community services, supports research and professional training, and partners with national and global organizations to improve care, raise awareness, and advance efforts toward a universal cure.
- Sickle Cell Disease Clinical Guidelines provide healthcare professionals with evidence-based resources on SCD, including clinical guidelines from the American Society of Hematology and the National Heart, Lung, and Blood Institute, patient education materials, scientific articles, and tools to address health disparities and improve care.
- Sickle Cell Information Center provides sickle cell patient and provider education.
- Sickle Cell Foundation of Georgia provides education to Georgia communities to improve the quality of life for people affected by SCD.
- Cystic Fibrosis Foundation provides CF education and resources.
- National Organization for Rare Disorders a nonprofit that advocates for individuals with rare diseases, providing resources, supporting research, and promoting awareness and equitable care.

Hearing Screening:

- Newborn Hearing Screening - AABR and AOAE Screening serves as a Georgia-specific training resource created by Georgia-licensed audiologists.
- National Center for Hearing Assessment and Management serves as the National Technical Resource Center for all state-based Early Hearing Detection and Intervention (EHDI) programs in the United States. This course does have a fee.

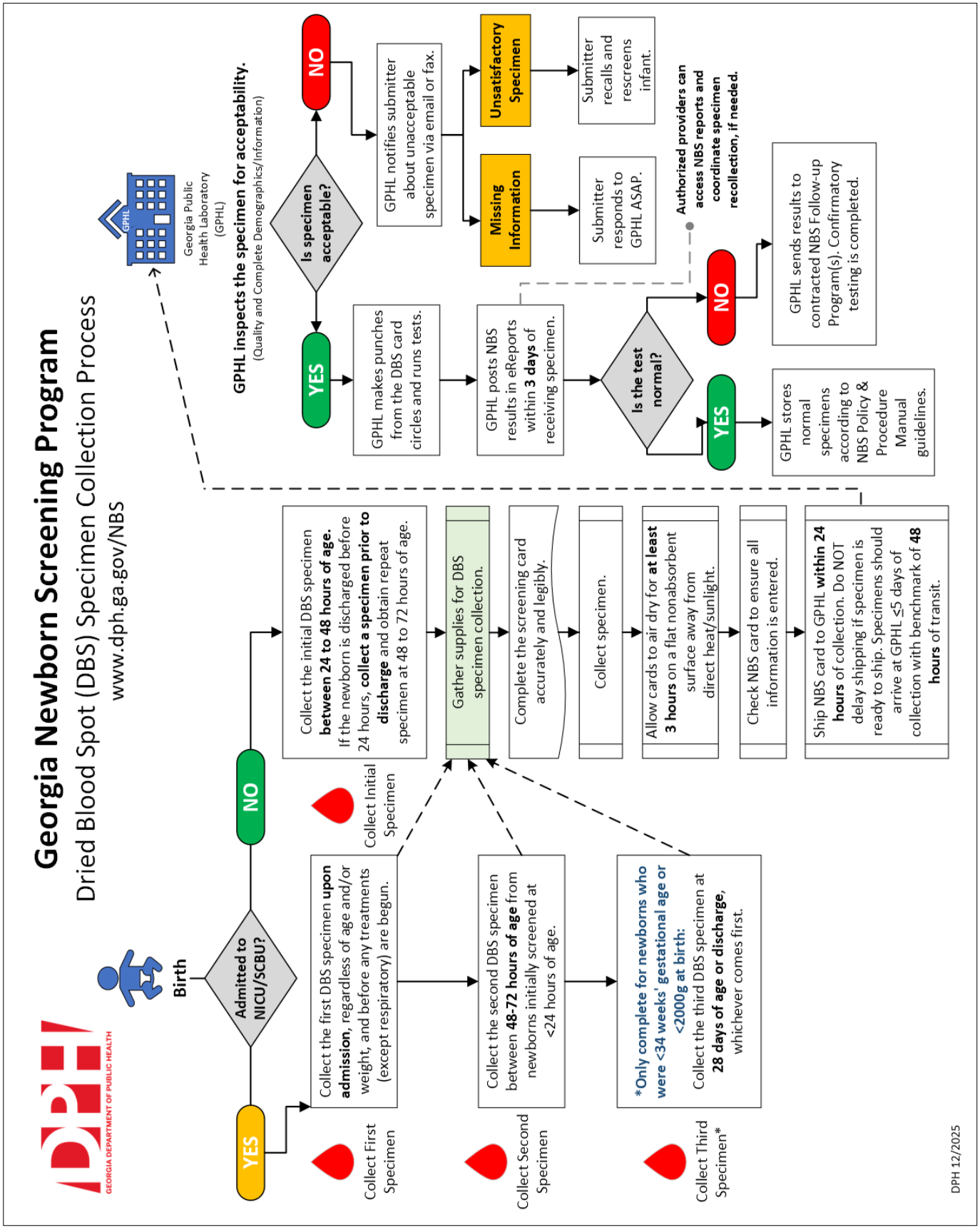
cCMV Testing:

- DPH cCMV Policy and Procedure Manual – Georgia's recommended processes for congenital CMV testing, including indications, specimen collection, result interpretation, documentation, and follow-up.
- cCMV Implementation Toolkit for Medical Providers - A practical, Georgia-focused toolkit designed to support clinicians in implementing cCMV testing protocols. It includes workflow guidance, clinical decision tools, sample scripts, and family-facing resources.

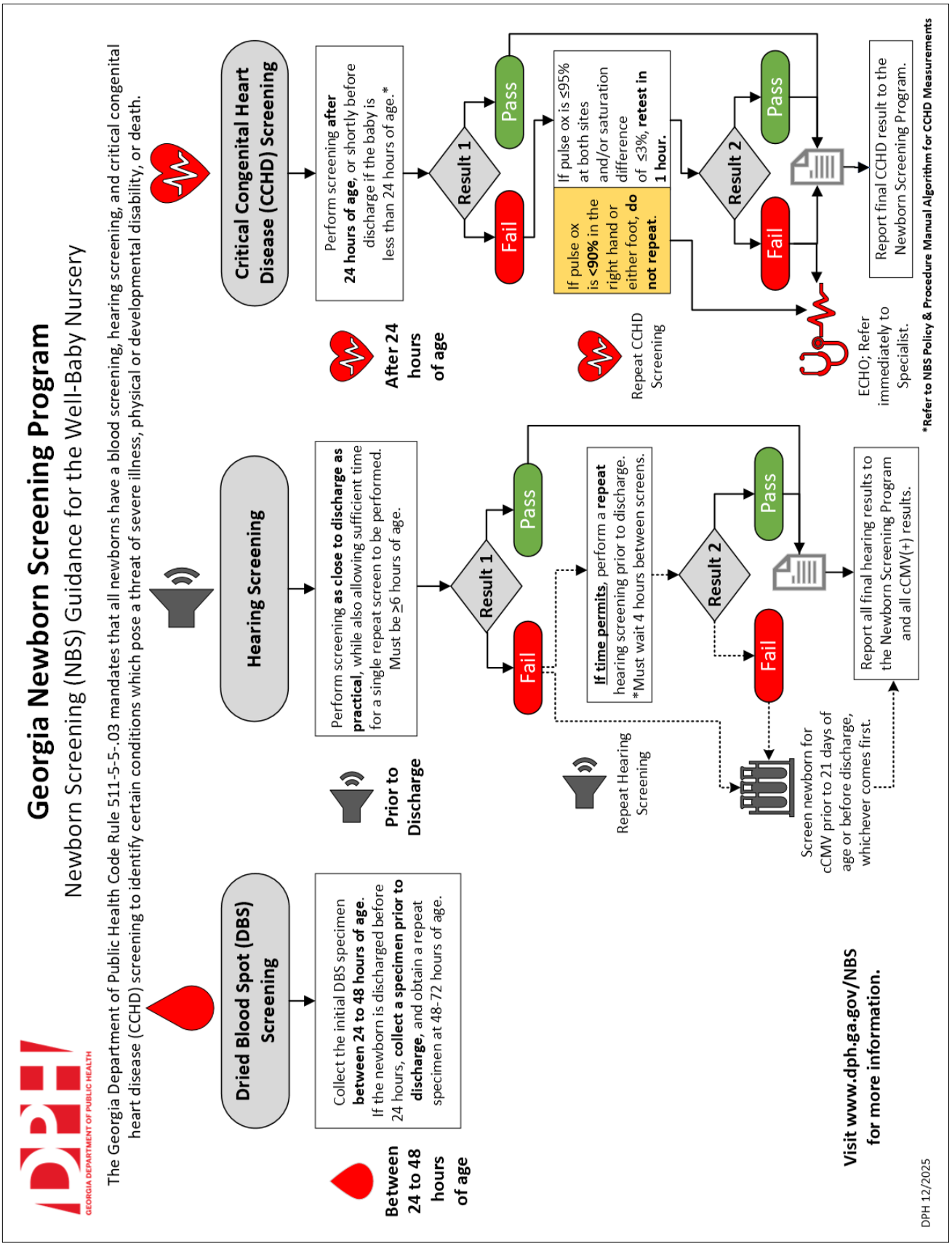
CCHD Screening:

- Newborn Screening for Critical Congenital Heart Disease (CCHD) resources courtesy of the American Academy of Pediatrics
- Critical Congenital Heart Disease: Updated Newborn Screening Guidelines for Pediatricians training video courtesy of the American Academy of Pediatrics

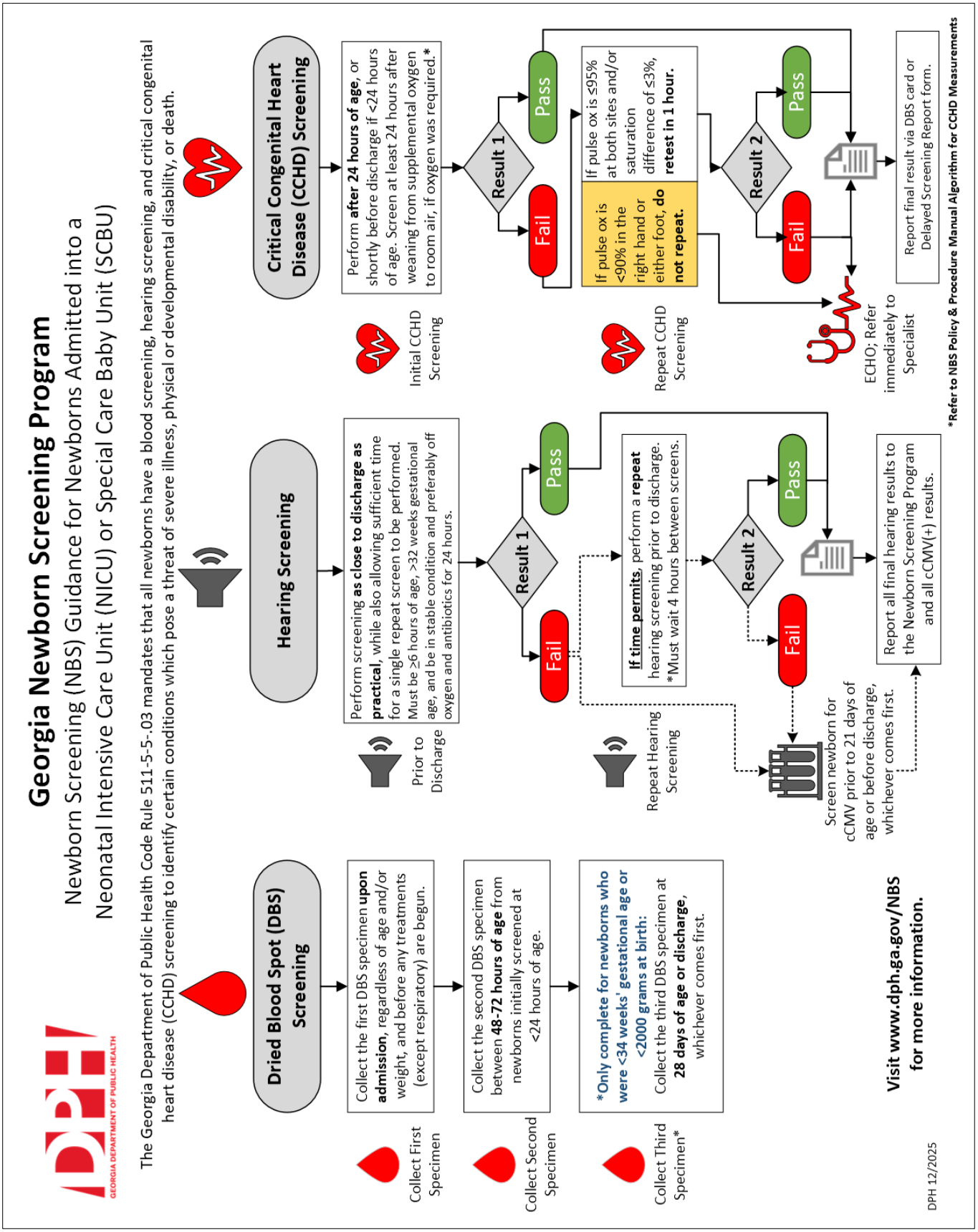
APPENDIX G-1: DRIED BLOOD SPOT SPECIMEN COLLECTION PROCESS ALGORITHM



APPENDIX G-2: NBS SCREENING GUIDANCE FOR THE WELL-BABY NURSERY ALGORITHM



APPENDIX G-3: NBS SCREENING GUIDANCE FOR NICU OR SCBU ALGORITHM



APPENDIX H: E-REPORTS WEB PORTAL REGISTRATION FORM

Print

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Newborn Screening eReports Web Portal

Licensed Provider Registration Form

Instructions: Complete form and fax to **(404) 420-2093** or email to dph-nbs@dph.ga.gov. Contact the Georgia Department of Public Health Newborn Screening Program with questions at (404) 327-7950.

Only licensed physicians, physician assistants, and advanced professional nurse practitioners (e.g., APRN) are permitted to register. License numbers will be verified with the State of Georgia.

Name: (Last)	(First)	**Professional License Number:**
Address:		**Professional License Type:** ☐ Physician ☐ Physician Assistant ☐ Advanced Professional Nurse Practitioner
City:	**State:** **ZIP:**	
Fax Number:	**Phone Number:**	
Email:	*Email address will be used to notify user about account approval status, login credentials and to reset password.*	
Name of Facility / Practice:	**Facility Type:** ☐ Hospital ☐ Primary Care ☐ Other (specify):	

Newborn Screening eReports Privacy Statement

This system allows persons authorized by the Georgia Department of Public Health (DPH) to access protected health information about individuals for reporting and treatment purposes. This information is entitled to significant privacy protections under federal and state law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits a covered entity to use and disclose protected health information without written authorization, if the use or disclosure is for treatment, payment, or health care operations. However, HIPAA requires covered entities to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information. The disclosure of this information to unauthorized persons or for unauthorized purposes is prohibited without the written authorization of the person who is the subject of the information, unless specifically permitted by federal or state law. Unauthorized disclosure of this information may result in significant criminal or civil penalties. Failure to properly log out of eReports can result in an unauthorized disclosure. All actions on this website can be monitored and audited. Any unauthorized use or disclosure brought to the attention of DPH or discovered via routine monitoring of this website will be investigated promptly. Approved users are required to secure their eReports password to prevent unauthorized access to the system using their password.

As an authorized user of eReports you agree to access the database only for reporting and treatment purposes related to your patient, and you acknowledge that you have received permission from the infant patient's legal guardian to view this information. As an authorized user of eReports, you agree to reasonably safeguard protected health information from any use or disclosure that is in violation of state or federal law.

By signing the form, you are agreeing to the eReports privacy statement above.

Provider Signature:	
Date:	

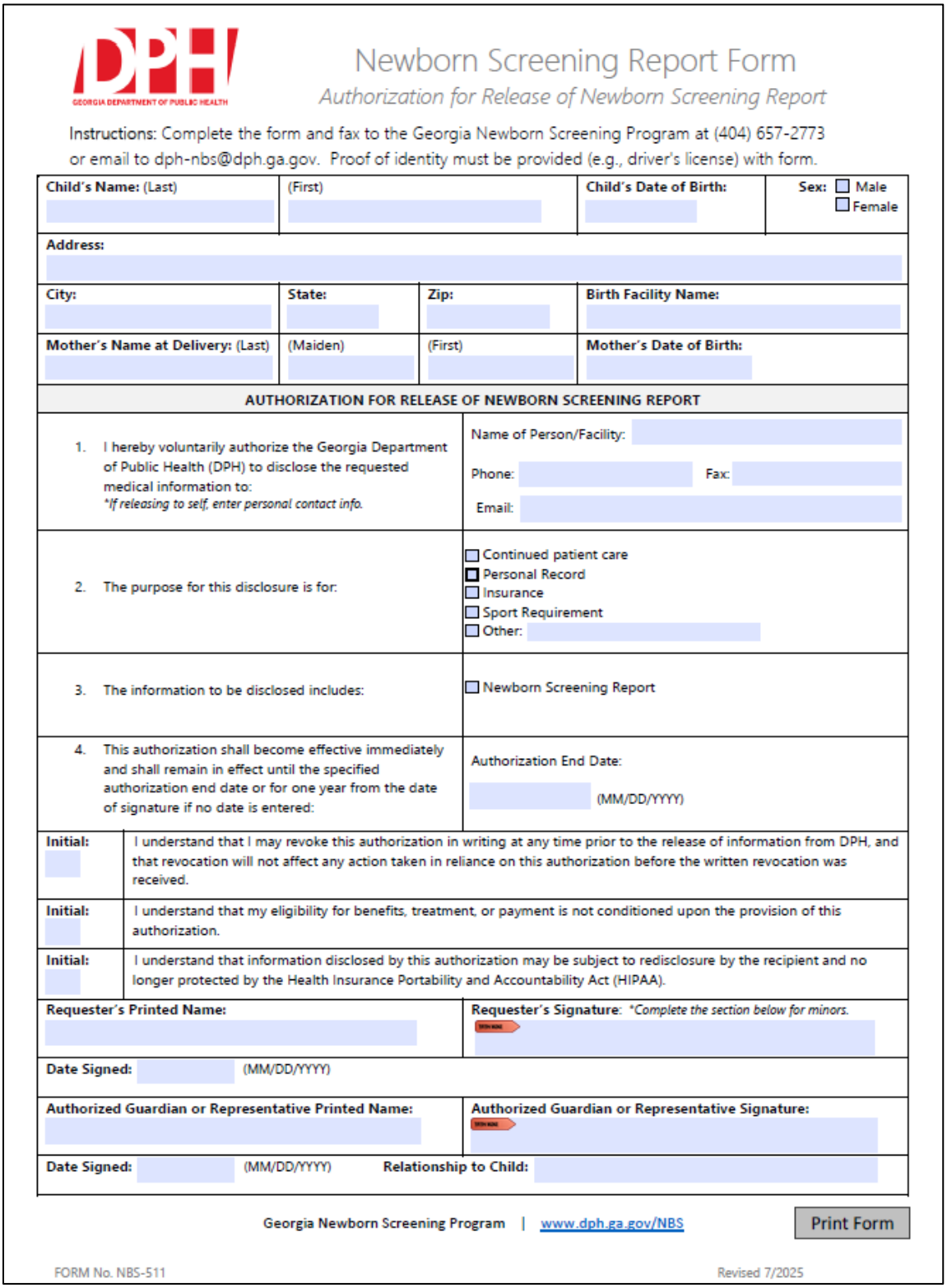
Fax completed form to **(404) 321-2265** or email to dph-nbs@dph.ga.gov

Georgia Newborn Screening Program | www.dph.ga.gov/NBS-Providers

FORM No. NBS-512 Updated 11/2025

Link to the form: https://dph.georgia.gov/document/document/registration-form/download

APPENDIX I: AUTHORIZATION FOR RELEASE OF NEWBORN SCREENING REPORT FORM



DPH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

Newborn Screening Report Form

Authorization for Release of Newborn Screening Report

Instructions: Complete the form and fax to the Georgia Newborn Screening Program at (404) 657-2773 or email to dph-nbs@dph.ga.gov. Proof of identity must be provided (e.g., driver's license) with form.

Child's Name: (Last)	(First)	**Child's Date of Birth:**	**Sex:** ☐ Male ☐ Female
Address:			
City:	**State:**	**Zip:**	**Birth Facility Name:**
Mother's Name at Delivery: (Last)	(Maiden)	(First)	**Mother's Date of Birth:**

AUTHORIZATION FOR RELEASE OF NEWBORN SCREENING REPORT

1. I hereby voluntarily authorize the Georgia Department of Public Health (DPH) to disclose the requested medical information to: **If releasing to self, enter personal contact info.*	Name of Person/Facility: Phone: Fax: Email:
2. The purpose for this disclosure is for:	☐ Continued patient care ☐ Personal Record ☐ Insurance ☐ Sport Requirement ☐ Other:
3. The information to be disclosed includes:	☐ Newborn Screening Report
4. This authorization shall become effective immediately and shall remain in effect until the specified authorization end date or for one year from the date of signature if no date is entered:	Authorization End Date: (MM/DD/YYYY)

Initial:	I understand that I may revoke this authorization in writing at any time prior to the release of information from DPH, and that revocation will not affect any action taken in reliance on this authorization before the written revocation was received.
Initial:	I understand that my eligibility for benefits, treatment, or payment is not conditioned upon the provision of this authorization.
Initial:	I understand that information disclosed by this authorization may be subject to redisclosure by the recipient and no longer protected by the Health Insurance Portability and Accountability Act (HIPAA).

Requester's Printed Name:	**Requester's Signature**: **Complete the section below for minors.*
Date Signed: (MM/DD/YYYY)	
Authorized Guardian or Representative Printed Name:	**Authorized Guardian or Representative Signature:**
Date Signed: (MM/DD/YYYY)	**Relationship to Child:**

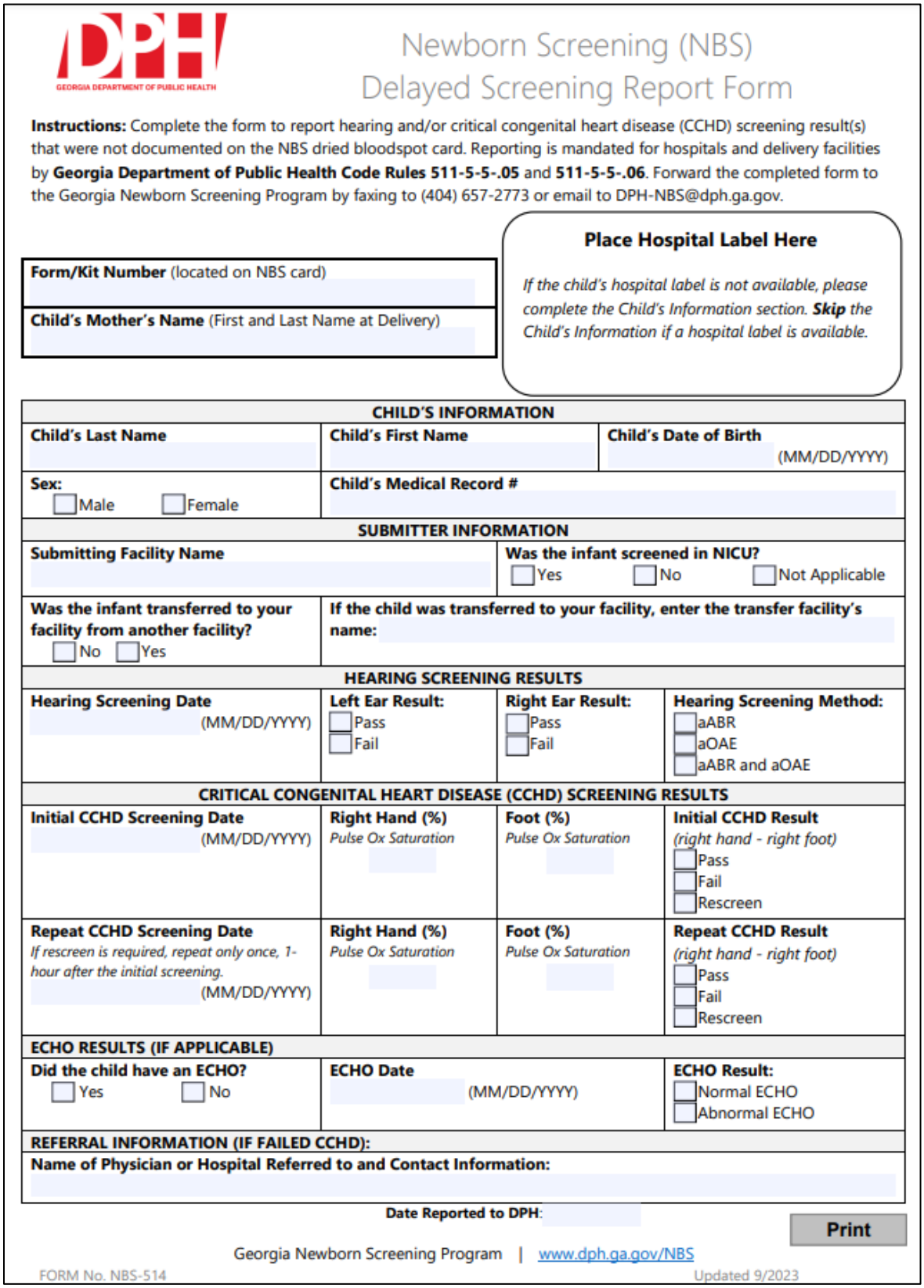
Georgia Newborn Screening Program | www.dph.ga.gov/NBS

Print Form

FORM No. NBS-511 Revised 7/2025

Link to the form: https://dph.georgia.gov/document/document/newborn-screening-report-request-form-71023pdf/download

APPENDIX J: NBS DELAYED SCREENING REPORT FORM



GEORGIA DEPARTMENT OF PUBLIC HEALTH

Newborn Screening (NBS) Delayed Screening Report Form

Instructions: Complete the form to report hearing and/or critical congenital heart disease (CCHD) screening result(s) that were not documented on the NBS dried bloodspot card. Reporting is mandated for hospitals and delivery facilities by **Georgia Department of Public Health Code Rules 511-5-5-.05** and **511-5-5-.06**. Forward the completed form to the Georgia Newborn Screening Program by faxing to (404) 657-2773 or email to DPH-NBS@dph.ga.gov.

Form/Kit Number (located on NBS card)

Child's Mother's Name (First and Last Name at Delivery)

Place Hospital Label Here

If the child's hospital label is not available, please complete the Child's Information section. ***Skip*** *the Child's Information if a hospital label is available.*

CHILD'S INFORMATION

Child's Last Name	Child's First Name	Child's Date of Birth (MM/DD/YYYY)
Sex: ☐ Male ☐ Female	Child's Medical Record #	

SUBMITTER INFORMATION

Submitting Facility Name	Was the infant screened in NICU? ☐ Yes ☐ No ☐ Not Applicable
Was the infant transferred to your facility from another facility? ☐ No ☐ Yes	If the child was transferred to your facility, enter the transfer facility's name:

HEARING SCREENING RESULTS

Hearing Screening Date (MM/DD/YYYY)	Left Ear Result: ☐ Pass ☐ Fail	Right Ear Result: ☐ Pass ☐ Fail	Hearing Screening Method: ☐ aABR ☐ aOAE ☐ aABR and aOAE

CRITICAL CONGENITAL HEART DISEASE (CCHD) SCREENING RESULTS

Initial CCHD Screening Date (MM/DD/YYYY)	Right Hand (%) *Pulse Ox Saturation*	Foot (%) *Pulse Ox Saturation*	Initial CCHD Result *(right hand - right foot)* ☐ Pass ☐ Fail ☐ Rescreen
Repeat CCHD Screening Date *If rescreen is required, repeat only once, 1-hour after the initial screening.* (MM/DD/YYYY)	Right Hand (%) *Pulse Ox Saturation*	Foot (%) *Pulse Ox Saturation*	Repeat CCHD Result *(right hand - right foot)* ☐ Pass ☐ Fail ☐ Rescreen

ECHO RESULTS (IF APPLICABLE)

Did the child have an ECHO? ☐ Yes ☐ No	ECHO Date (MM/DD/YYYY)	ECHO Result: ☐ Normal ECHO ☐ Abnormal ECHO

REFERRAL INFORMATION (IF FAILED CCHD):

Name of Physician or Hospital Referred to and Contact Information:

Date Reported to DPH:

Print

Georgia Newborn Screening Program | www.dph.ga.gov/NBS

FORM No. NBS-514 Updated 9/2023

Link to the form: https://dph.georgia.gov/media/78476/download

APPENDIX K: INSTRUCTIONS FOR SELECTING HEARING SCREENING REPORTING METHOD

As of January 1, 2026, Electronic Birth Certificate (EBC) worksheet is the default newborn hearing screening reporting method for every birthing facility unless your facility currently utilizes or requests an alternate reporting method (i.e. excel file transfer). See information below to determine what is best for your facility:

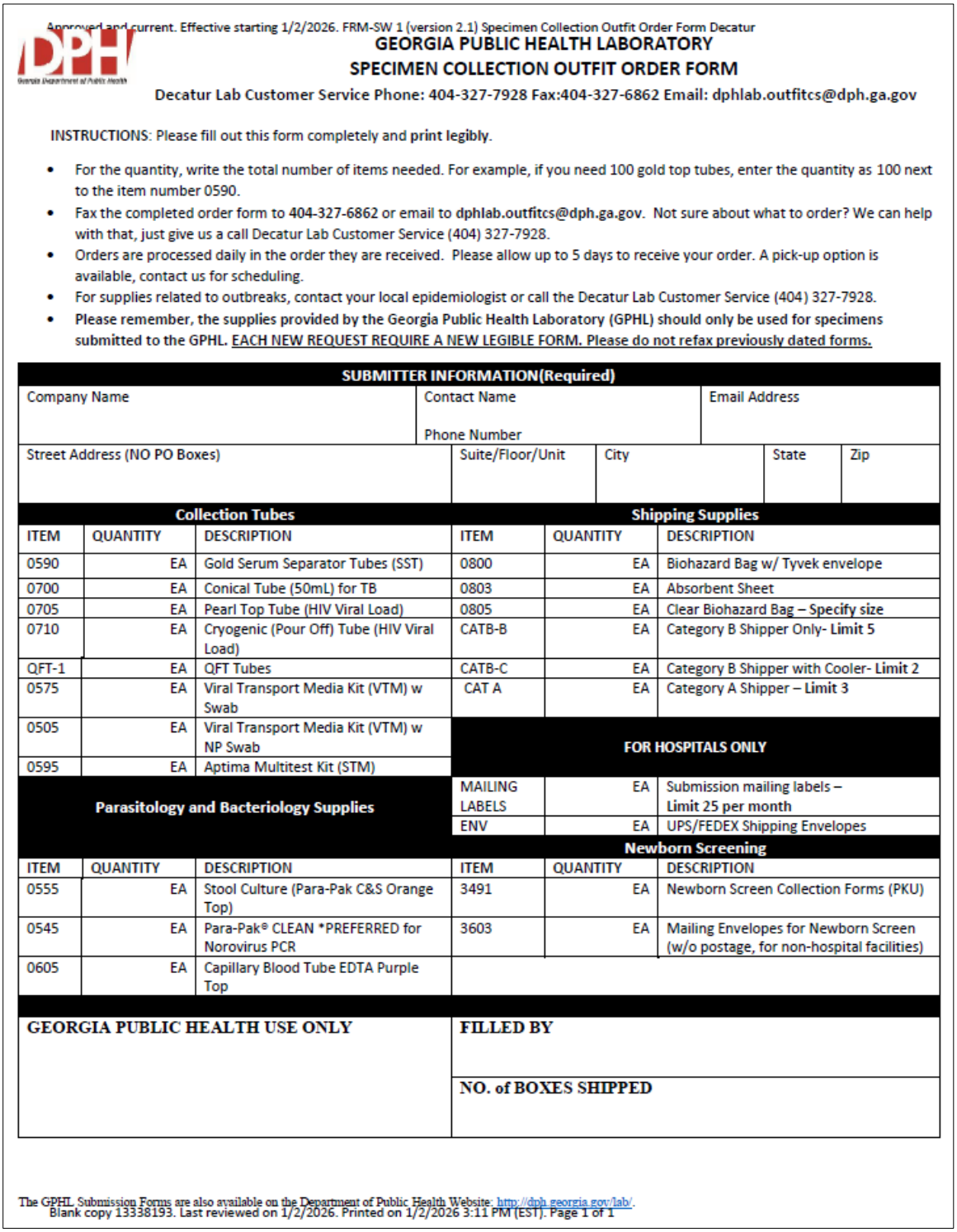
	NBS Dried Blood Spot (DBS) Card*	**Electronic Birth Certificate + Delayed Screening Form**	**Secure Data File Transfer**
Advantages	As of January 1, 2026, this reporting method is no longer the default reporting method and will be phased out.	• Utilizes a reliable transit method, requiring minimal extra steps • Requires fewer delayed screening forms, as the Electronic Birth Worksheet is submitted later (day 3-5) than the NBS card	• Less data entry with fewer errors • No need for delayed screening forms
Disadvantages		• Risk of inaccurate information if data clerk is not properly trained • Delayed screening form will still be required for babies who are screened *after* the Electronic Birth Worksheet has been submitted	• Requires birthing facility and DPH IT involvement to set up a transfer • Requires the birthing facility to submit a cleaned report on a weekly basis

If your facility would like to request hearing screening reporting method be changed from EBC Worksheet to Secure Data File Transfer, follow the instructions below:

Instructions for Selecting Secure Data File Transfer as Reporting Method:

1. Email DPH-NBS@dph.ga.gov and request a change from EBC Worksheet to the *Secure Data File Transfer reporting method*.
2. DPH will respond with the next steps (i.e., set up a meeting to share excel file template and discuss the next steps)

APPENDIX L: GEORGIA PUBLIC HEALTH LABORATORY SPECIMEN COLLECTION OUTFIT ORDER FORM



Approved and current. Effective starting 1/2/2026. FRM-SW 1 (version 2.1) Specimen Collection Outfit Order Form Decatur

GEORGIA PUBLIC HEALTH LABORATORY

SPECIMEN COLLECTION OUTFIT ORDER FORM

Decatur Lab Customer Service Phone: 404-327-7928 Fax:404-327-6862 Email: dphlab.outfitcs@dph.ga.gov

INSTRUCTIONS: Please fill out this form completely and print legibly.

- For the quantity, write the total number of items needed. For example, if you need 100 gold top tubes, enter the quantity as 100 next to the item number 0590.
- Fax the completed order form to 404-327-6862 or email to dphlab.outfitcs@dph.ga.gov. Not sure about what to order? We can help with that, just give us a call Decatur Lab Customer Service (404) 327-7928.
- Orders are processed daily in the order they are received. Please allow up to 5 days to receive your order. A pick-up option is available, contact us for scheduling.
- For supplies related to outbreaks, contact your local epidemiologist or call the Decatur Lab Customer Service (404) 327-7928.
- **Please remember, the supplies provided by the Georgia Public Health Laboratory (GPHL) should only be used for specimens submitted to the GPHL. EACH NEW REQUEST REQUIRE A NEW LEGIBLE FORM. Please do not refax previously dated forms.**

SUBMITTER INFORMATION(Required)				
Company Name	Contact Name Phone Number		Email Address	
Street Address (NO PO Boxes)	Suite/Floor/Unit	City	State	Zip

Collection Tubes			Shipping Supplies		
ITEM	QUANTITY	DESCRIPTION	ITEM	QUANTITY	DESCRIPTION
0590	EA	Gold Serum Separator Tubes (SST)	0800	EA	Biohazard Bag w/ Tyvek envelope
0700	EA	Conical Tube (50mL) for TB	0803	EA	Absorbent Sheet
0705	EA	Pearl Top Tube (HIV Viral Load)	0805	EA	Clear Biohazard Bag – **Specify size**
0710	EA	Cryogenic (Pour Off) Tube (HIV Viral Load)	CATB-B	EA	Category B Shipper Only- **Limit 5**
QFT-1	EA	QFT Tubes	CATB-C	EA	Category B Shipper with Cooler- **Limit 2**
0575	EA	Viral Transport Media Kit (VTM) w Swab	CAT A	EA	Category A Shipper – **Limit 3**
0505	EA	Viral Transport Media Kit (VTM) w NP Swab	**FOR HOSPITALS ONLY**		
0595	EA	Aptima Multitest Kit (STM)			
Parasitology and Bacteriology Supplies			MAILING LABELS	EA	Submission mailing labels – **Limit 25 per month**
			ENV	EA	UPS/FEDEX Shipping Envelopes
			Newborn Screening		
ITEM	QUANTITY	DESCRIPTION	ITEM	QUANTITY	DESCRIPTION
0555	EA	Stool Culture (Para-Pak C&S Orange Top)	3491	EA	Newborn Screen Collection Forms (PKU)
0545	EA	Para-Pak® CLEAN *PREFERRED for Norovirus PCR	3603	EA	Mailing Envelopes for Newborn Screen (w/o postage, for non-hospital facilities)
0605	EA	Capillary Blood Tube EDTA Purple Top			

GEORGIA PUBLIC HEALTH USE ONLY	FILLED BY
	NO. of BOXES SHIPPED

The GPHL Submission Forms are also available on the Department of Public Health Website: http://dph.georgia.gov/lab/.
Blank copy 13338193. Last reviewed on 1/2/2026. Printed on 1/2/2026 3:11 PM (EST). Page 1 of 1

Link to the form: https://dph.georgia.gov/document/publication/specimen-collection-outfit-order-form-decatur/download

APPENDIX M: AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Georgia Department of Public Health

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

NAME OF INDIVIDUAL/PATIENT	
DATE OF BIRTH	
ADDRESS	**CITY/STATE/ ZIP**

1. I hereby voluntarily authorize _____ to disclose the medical information indicated below to _____.
2. The purpose for this disclosure is for _____.
3. The information to be disclosed is:

   ___ Entire Medical Record
   ___ Only medical information from the period _____ to _____.
   ___ Other (specify) _____

   If you would like any of the following sensitive information disclosed, please indicate with a check mark below:
   ___ Alcohol/ Drug Abuse Treatment
   ___ HIV/ AIDS- related Treatment
   ___ Mental Health (other than psychotherapy notes*)

4. This authorization shall become effective immediately and shall remain in effect until _____ (date) or for one year from the date of signature if no date is entered.

I understand that I may revoke this authorization in writing at any time prior to the release of information from DPH, and that revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

I understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization.

I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability and Accountability Act.

_____ Print Patient's Name

_____ Patient's Signature

_____ Print Authorized Representative's Name (if applicable)

_____ Authorized Representative's Signature (if applicable)

_____ Date

**Psychotherapy notes* means notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. 45 C.F.R. 164.501.

DPH Form GC-09013C [Rev. 7/2/2013] Page 1 of 1

Link to the form:
https://dph.georgia.gov/sites/dph.georgia.gov/files/WicPM/forms/ReleaseOfInformationForm_Blank.pdf

APPENDIX N: NEWBORN HEARING SCREENING RESULTS AND RECOMMENDATIONS FORM

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Newborn Hearing Screening Results and Recommendations Form

Instructions for Staff: Complete this form and provide a copy to the caregiver/s. Newborn hearing screening results and recommendations are required to be provided to caregiver/s per Rule 511-5-5-.06: Hearing Screening. Note: If you are completing an outpatient hearing re-screen, report results to DPH by faxing this form to (404) 657-2773 or email to DPH-NBS@dph.ga.gov.

Place Hospital Label Here

If the child's hospital label is not available, please complete the Infant Demographics section. **Skip** Infant Demographics if a hospital label is attached.

Congratulations on the birth of your baby!

Keep this form in a safe place and bring it to your child's first pediatrician appointment.

CHILD'S INFORMATION

Child's Name (First and Last):	**Child's Date of Birth:**

HEARING SCREENING DETAILS

Date of Test:	**Screening Setting:** ☐ Inpatient ☐ Outpatient	**Name of Screener:**
Type of Test [Select One]: ☐ OAE ☐ AABR ☐ OAE + AABR		**Name of Facility:**

SCREENING RESULTS [Select One]

☐ Your baby PASSED the newborn hearing screening for both ears.

☐ Your baby FAILED the hearing screening in the *Left* | *Right* | *Both ears* **(CIRCLE ONE)**

A failed hearing screening result means your baby needs more testing to determine if they have a hearing loss. This test becomes more difficult the older the baby becomes and should be completed as soon as possible (ideally before 1 month of age).

If your baby failed their final hearing screening before leaving the hospital, they should receive a test for Congenital Cytomegalovirus (cCMV). See https://dph.georgia.gov/EHDI/ccmv for more information.

Was a Congenital Cytomegalovirus (cCMV) specimen collected? Yes No **(CIRCLE ONE)**

If yes, what specimen type was collected? Saliva Urine Other: _____ **(CIRCLE ONE)**

If known, what are cCMV test results? Negative Positive Inconclusive Not Known **(CIRCLE ONE)**

FOLLOW-UP RECOMMENDATION [Select One]

☐ No further testing is needed (baby *passed* for both ears). Follow-up with pediatrician for routine hearing screenings as child ages. Seek additional hearing testing if concerns of hearing loss and/or speech-language delay arise.

Further testing is needed:

☐ A hearing re-screen should be scheduled as soon as possible. (Baby *failed* one or both ears or could not be tested)

☐ A diagnostic Auditory Brainstem Response should be completed as soon as possible (Baby *failed* inpatient *and* outpatient screens and/or has hearing loss risk factors)

Date/Time (if scheduled): _____

Location (if scheduled): _____

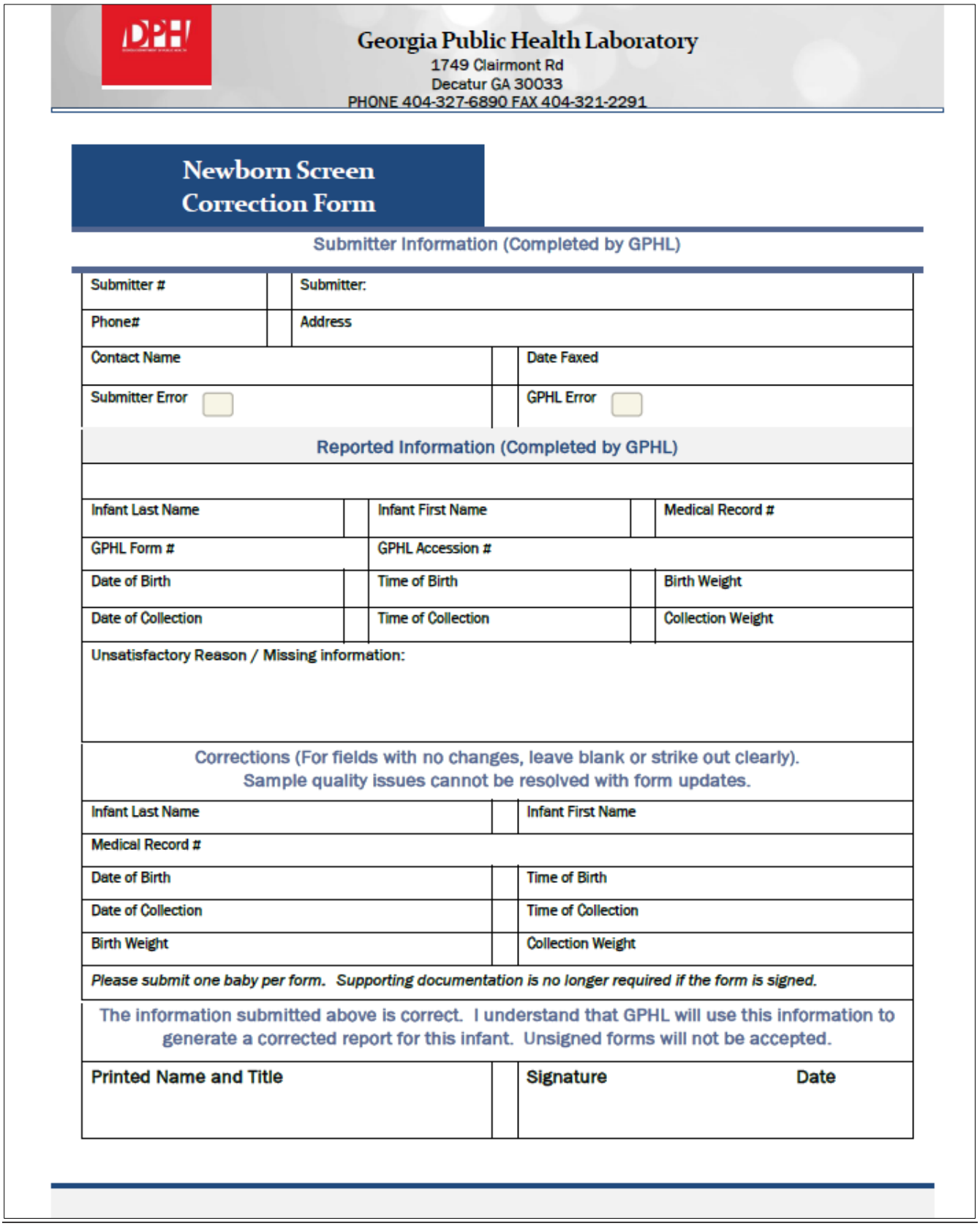
☐ cCMV testing needs to be ordered and conducted prior to 21 days of life.

Scan QR to find a follow-up provider at Georgia Mobile Audiology

SCAN ME

Link to the form:
https://dph.georgia.gov/document/document/newborn-hearing-screening-results/download

APPENDIX O: NEWBORN SCREEN CORRECTION FORM



Georgia Public Health Laboratory
1749 Clairmont Rd
Decatur GA 30033
PHONE 404-327-6890 FAX 404-321-2291

Newborn Screen Correction Form

Submitter Information (Completed by GPHL)

Submitter #		Submitter:	
Phone#		Address	
Contact Name		Date Faxed	
Submitter Error ☐		GPHL Error ☐	

Reported Information (Completed by GPHL)

Infant Last Name		Infant First Name		Medical Record #	
GPHL Form #		GPHL Accession #			
Date of Birth		Time of Birth		Birth Weight	
Date of Collection		Time of Collection		Collection Weight	
Unsatisfactory Reason / Missing information:					

Corrections (For fields with no changes, leave blank or strike out clearly).
Sample quality issues cannot be resolved with form updates.

Infant Last Name		Infant First Name
Medical Record #		
Date of Birth		Time of Birth
Date of Collection		Time of Collection
Birth Weight		Collection Weight

Please submit one baby per form. Supporting documentation is no longer required if the form is signed.

The information submitted above is correct. I understand that GPHL will use this information to generate a corrected report for this infant. Unsigned forms will not be accepted.

Printed Name and Title		Signature Date

APPENDIX P: NEWBORN SCREENING PANEL HISTORY

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Georgia Newborn Screening Program

Newborn Screening Panel Legislative and Regulatory History

Category		Core Condition	Abbreviation	Added to GA Panel
Organic Acid Conditions		3-Hydroxy-3-Methyglutaric Aciduria	HMG	2007
		3-Methylcrotonyl-CoA Carboxylase Deficiency	3-MCC	2007
		ß-Ketothiolase Deficiency	BKT	2007
		Glutaric Acidemia Type I	GA-I	2007
		Holocarboxylase Synthase Deficiency	MCD	2007
		Isovaleric Acidemia	IVA	2007
		Methylmalonic Acidemia (Cobalamin disorders)	Cbl A,B	2007
		Methylmalonic Acidemia (methylmalonyl-CoA mutase)	MUT	2007
		Propionic Acidemia	PROP	2007
Fatty Acid Oxidation Disorders		Carnitine Uptake Defect/Carnitine Transport Defect	CUD	2007
		Long-chain L-3 Hydroxyacyl-CoA Dehydrogenase Deficiency	LCHAD	2007
		Medium-chain Acyl-CoA Dehydrogenase Deficiency	MCAD	2003
		Trifunctional Protein Deficiency	TFP	2007
		Very Long-chain Acyl-CoA Dehydrogenase Deficiency	VLCAD	2007
Amino Acid Disorders		Argininosuccinic Aciduria	ASA	2007
		Citrullinemia, Type I	CIT	2007
		Classic Phenylketonuria	PKU	1968
		Homocystinuria	HCY	1978
		Maple Syrup Urine Disease	MSUD	1978
		Tyrosinemia, Type I	TYR I	1978
Endocrine Disorders		Congenital adrenal hyperplasia	CAH	1990
		Primary Congenital Hypothyroidism	CH	1978
Hemoglobin Disorders		S, βeta-Thalassemia	Hb S/ßTh	1998
		S,C Disease	Hb S/C	1998
		S,S Disease (Sickle Cell Anemia)	Hb SS	1978 voluntary; 1998 universal
		Other Hemoglobin Variants	Var Hb	1998
Other Disorders	Lysosomal Storage Disorders	Mucopolysaccharidosis Type I	MPS I	2019
		Mucopolysaccharidosis Type II	MPS II	2025[1]
		Glycogen Storage Disease Type II (Pompe)	POMPE	2019
		Krabbe Disease	KD	2021 Pilot[2]; 2025
	Other	Biotinidase Deficiency	BIOT	2003
		Classic Galactosemia	GALT	1978
		Cystic Fibrosis	CF	2007
		Guanidinoacetate Methyltransferase Deficiency	GAMT	2025[1]
		Severe Combined Immunodeficiencies	SCID	2007
		Spinal Muscular Atrophy due to homozygous deletion of exon 7 in SMN1	SMA	2019
		X-linked Adrenoleukodystrophy	X-ALD	2019
	Point of Care	Critical Congenital Heart Disease	CCHD	2014
		Hearing Loss *-Congenital Cytomegalovirus*	HEAR *-cCMV*	2014 *-2024*

[1]GAMT and MPS II were added to Georgia's newborn screening panel in 2025. GAMT and MPS II screening began 12/8/25.
[2]A Krabbe disease screening pilot program was conducted 9/11/21-7/7/25. Krabbe disease was permanently added to Georgia's newborn screening panel on 7/8/25.

DPH 1/2026

APPENDIX Q: GPHL NBS BILLING GUIDE

GPHL NBS Billing Guide

Georgia Newborn Screening Program

What is the newborn screening processing fee?
The newborn screening (NBS) dried blood spot (DBS) specimen processing fee is $96.13 for each specimen submitted to the Georgia Public Health Laboratory (GPHL). No parent shall be denied screening based on inability to pay the specimen processing fee.

Will there be a fee for the initial newborn DBS screening?
Yes. The initial dried blood spot specimen submitted to GPHL for an infant will be invoiced and charged a $96.13 processing fee regardless of the submitter.

Will there be a fee for a repeat newborn DBS screening?
Any additional DBS specimen(s) submitted to GPHL for an infant will be considered a repeat specimen screening. Repeat specimen screenings will be invoiced as specified below:

- **Repeat NBS DBS Screening Criteria – Not Invoiced (No Fee Charged)**
  - No data or blood on the newborn dried blood spot specimen card.
  - Initial specimen was collected before 24 hours of life.
  - NICU or SCBU required screenings (i.e., Upon admission; between 48-72 hours of life; at 28 days of life or discharge)
  - Infants that received parenteral nutrition prior to DBS collection and were required to repeat screening 48-72 hours after parenteral nutrition was discontinued.
  - Infants <34 weeks gestational age at birth or <2,000 grams at birth and were recommended to repeat screening at 28 days of life.
  - Infants who received blood transfusion/blood products/ECMO prior to DBS collection and were required to repeat screening 120 days after blood receipt. One (1) repeat DBS specimen will be allowed and not charged a fee.
  - Prior abnormal result. Repeat testing was requested by GPHL or the Newborn Screening Follow-Up Programs.
  - GPHL error.

- **Repeat NBS DBS Screening Criteria – Invoiced (Fee Charged / $96.13)**
  - Prior unsatisfactory specimen from the same submitter.
  - General provider request without medical necessity (see above exceptions).
  - Neonatal Intensive Care Unit (NICU) with >3 specimens per infant.
  - Failure to use the UPS transportation system resulting in specimen arrival at GPHL more than **10** days after collection (e.g., improper batching specimens).

Invoices are mailed monthly from the Georgia Department of Public Health to the submitter. Contact NBSlab.billing@dph.ga.gov with invoice questions.

Please visit dph.ga.gov/NBS-Providers for more information and to review the **Georgia Newborn Screening Policy and Procedure Manual**.

Revised 1/1/2026

10.2 REFERENCES

CLSI. *Dried Blood Spot Specimen Collection for Newborn Screening*. 7th ed. CLSI standard NBS01. Clinical and Laboratory Standards Institute; 2021.

CLSI. *Newborn Screening for Preterm, Low Birth Weight, and Sick Newborns*. 2nd ed. CLSI guideline NBS03. Wayne, PA: Clinical and Laboratory Standards Institute; 2019.

CLSI. *Newborn Screening Follow-up and Education*. 3rd ed. CLSI guideline NBS02. Clinical and Laboratory Standards Institute; 2023.

Oster ME, Pinto NM, Pramanik AK, et al; American Academy of Pediatrics, Section on Cardiology and Cardiac Surgery, Section on Hospital Medicine, Committee on Fetus and Newborn. Newborn Screening for Critical Congenital Heart Disease: A New Algorithm and Other Updated Recommendations: Clinical Report. Pediatrics. 2025;155(1): e2024069667

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JUSTIA Company. 2022 Georgia Code Title 31 – Health Chapter 1 – General Provisions § 31-1-3.2 - Hearing screenings for Newborns
Georgia Code Title 21 – Hearing Screenings for Newborns

10.3 POLICY REVISIONS RECORD

Policy Revisions Record

Georgia Newborn Screening Policy and Procedure Manual 2026

REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A=Added D=Deleted M=Modified	CITATION Revision required by Regulation, Legislation, etc.
6/18/2024	Page 4	Corrected Appendix O title. Changed from "Newborn Hearing Screening Results and Recommendations Form" to "Newborn Screen Correction Form".	M	N/A
6/18/2024	Page 22; Table Code 21	Corrected "Bood" typo. Updated to "Blood".	M	N/A
6/18/2024	Page 59	Corrected Appendix O title. Changed from "Newborn Hearing Screening Results and Recommendations Form" to "Newborn Screen Correction Form".	M	N/A
9/23/2024	Page 18	Clarified that the transfusion protocol is only applicable when the DBS schedule is interrupted.	M	N/A
9/23/2024	Page 21	Changed >7 days after the date of collection to >10 days after the date of collection. The >10 days aligns with Georgia Code.	M	N/A
9/23/2024	Page 30	Added overview of required cCMV testing for all infants who fail their final hearing screening prior to 21 days of age or before discharge, whichever one comes first. Added link to cCMV policy and procedure manual for further information.	A	In accordance with Georgia Code Section 31-5-1, amendments take effect on October 10, 2024. http://dph.georgia.gov/regulationsrule-making
9/23/2024	Page 58; Appendix N	Replaced "Newborn Hearing Screening Results and Recommendations Form" with updated version.	M	N/A
9/23/2024	Page 49; Appendix G-2	Replaced "Newborn Screening Guidance for the Well-Baby Nursery Algorithm" with updated version.	M	N/A

REVISION DATE	SECTION & PAGE	REVISION DESCRIPTION	REVISION TYPE A=Added D=Deleted M=Modified	CITATION Revision required by Regulation, Legislation, etc.
9/23/2024	Page 50; Appendix G-3	Replaced "Newborn Screening Guidance for Infants Admitted into a NICU or SCBU Algorithm" with updated version.	M	N/A
11/13/2024	Page 60; Appendix P	Added "Newborn Screening Panel Legislative and Regulatory History" document.	A	N/A
12/3/2024	Section 5.4, page 18	Modified titling and moved introduction to be found under Low Birth Weight Infants section.	M	N/A
12/3/2024	Section 5.4, page 18	Added clarification about the DBS schedule in the Transfusions/ Blood Products/ECMO section.	A	N/A
12/3/2024	Section 5.4, page 18	Modified/clarified Parenteral Nutrition section.	M	N/A
12/3/2024	Section 5.4, page 19	Added section titled NPO/IV Fluids Only to clarify timing of screening for this population.	A	N/A
12/3/2024	Section 5.4, page 19	Modified Older Infants/Children section for clarity.	M	N/A
12/3/2024	Section 7.5, page 27	Modified titling to include NICU/SCBU and Prenatal CCHD Diagnosis to address screening guidelines.	M/A	N/A
12/3/2024	Section 9.2, page 34	Modified wording in transfusion section for clarity; added Abnormal Hgb Results for Transfused Infants section per recommendation of Hemoglobin Committee.	M/A	N/A
12/3/2024	Section 4.2, page 13	Modified verbiage describing "meconium ileus".	N	N/A
12/17/2024	Section 7.2, page 25	Modified the Revised Algorithm for Critical Congenital Heart Disease (CCHD) Screening with Pulse Oximetry with the AAP's 12/16/2024 recommended algorithm.	M/A	N/A
12/17/2024	Section 7.1, page 23	Modified/ added note regarding the use of CCHD as a screening tool.	M/A	Updated 2024 AAP CCHD Protocol
12/17/2024	Section 7.5, page 27	Modified/added specific NICU/SBCU guidelines to align with new protocol.	M/A	Updated 2024 AAP CCHD Protocol

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE A=Added D=Deleted M=Modified	CITATION Revision required by Regulation, Legislation, etc.
1/1/2026	Entire 2026 Manual	Modified order and clarified existing recommendations within the NBS Policy and Procedure Manual sections/chapters.	M/A	N/A
1/1/2026	Section 7	Deleted DPH's CCHD flowsheet and replaced with the 12/16/2024 AAP CCHD algorithm.	D/A	2024 AAP CCHD Protocol
1/1/2026	Appendix L	Replaced the form with updated version revised 12/10/2024	M	
1/1/2026	Appendix Q	Added GPHL NBS Billing Guide	A	
1/1/2026	Section 5.2	Moved 'Infants Unlikely to Survive' to Section 5.2, "Timing for Special Populations"	M	N/A
1/1/2026	Section 5.2	Clarified wording in 'Infants in NICU or SCBU', 'Low Birth Weight Infants', and 'Older Infants and Children'.	D/M	CLSI
1/1/2026	Section 5.3	Re-ordered procedure steps and edited for clarity	M	CLSI
1/1/2026	Section 6.2	Edited titles of 'Categories of Unsatisfactory Results'.	D/M/A	GPHL Update
1/1/2026	Appendix G-1	Replaced the flowsheet with updated version revised 12/2025	D/A	CLSI
1/1/2026	Appendix G-2	Replaced the flowsheet with updated version revised 12/2025	D/A	CLSI
1/1/2026	Appendix G-3	Replaced the flowsheet with updated version revised 12/2025	D/A	CLSI
1/2/2026	Appendix L	Replaced the form with an updated version revised 1/2/2026	D/A	GPHL Update


DPH
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