



Newborn Screening News

Volume 3, Issue 3

July 2002

Don't Wait...

In an average month, the newborn screening laboratory receives about 200 newborn screening specimens that are beautiful specimens, but can't be tested. Why? It's because these specimens are already too old to test when they arrive. **It may surprise you that in 2001, there were almost 2300 rejections for specimens being too old upon receipt AND that this was the leading cause of specimen rejections in Texas!** This also means that almost 200 specimens have to be recollected each month and that this could be avoided by prompt submission of the newborn screening specimens.

Prompt submission of newborn screening specimens is important for rapid detection, diagnosis, and treatment of affected infants. The sooner the specimen arrives at the lab, the sooner an affected child will be identified for follow-up. **Early management is crucial for preventing mental retardation and other catastrophic health problems caused by metabolic disease. Delayed diagnosis and treatment of congenital adrenal hyperplasia (CAH) or galactosemia can even result in the infant's death during the first few weeks of life.** Valuable time is lost when another screen specimen must be collected and sent to the lab.

Newborn screening specimens that arrive at TDH any later than the 13th day after collection are rejected from testing. After this amount of time, the substances measured in the blood start to deteriorate and will not provide valid laboratory results. Although specimens received by the 13th day following collection are accepted for testing, we emphasize that submitting specimens as quickly as possible is the best practice to follow.

The recommended practice is to mail the specimen within 24 hours of collection. Specimens do need to air dry for a minimum of 34 hours, but after the specimen is dry, it should be mailed without delay. Specimens collected in the morning can be mailed

in the afternoon provided the blood has completely dried. Anytime a specimen still looks damp, let it finish drying and wait till the next opportunity to mail. Avoid the practice of holding onto specimens to wait for more to accumulate before mailing, also referred to as "batching" the specimens. Although batching may seem more efficient, it's not worth it in the long run because a delay in screening and treatment can cause irreparable damage to a child with metabolic disease. One of the most common questions from clinics and doctor's offices is whether it is acceptable to collect specimens on Friday when they won't be mailed until Monday. The answer is yes. It is better to collect the specimen while the baby is there than to delay screening by scheduling a return visit. Whenever possible, try to schedule the collection of newborn screening specimens on Friday mornings, so that specimens will be dry enough to mail in the afternoon.

Late specimen submissions tend to increase after major holidays because of postal holidays, more absenteeism at work, and a higher mail volume over the Christmas season. The best way to manage these challenges is to do some advance planning so that newborn screening specimens are not forgotten. Make sure that more than one person at your facility knows the mailout procedure for newborn screening. All too often, specimens arrive late when the person who routinely mails the specimens goes on vacation and no one else mails the specimens.

Here's one final suggestion for managing your specimen submissions: since these specimens need to air dry for a minimum of 34 hours, take advantage of this time to check that all the information requested on the form is accurate and complete. This is a good opportunity to verify information and prevent errors.

Free literature is available on specimen collection and handling procedures by calling 1-800-422-2956 extension 2129.

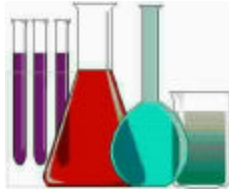
New Issues in the Laboratory

1. **DO NOT** use pens with glitter or gel ink.

Problem:

Glitter will contaminate the specimen
Cause: When the ink dries the glitter in the ink becomes loose.

Result: If glitter is on the blood specimen the specimen is **UNSATISFACTORY** for testing.



2. **DO NOT** apply hospital/clinic labels that include a barcode to the NBS Collection Card.

Problem: Submitter /Facility in-house labels that contain barcode information interfere with the TDH Barcode Scanning of the collection card serial number.
Cause: TDH Barcode Scanning equipment will scan the Submitter / Facility barcode instead of the preprinted serial number barcode on the collection card.

Result: The incorrect serial number may be recorded in the TDH computer system.

IMAGINE BEING BORN DEAF ... NOW IMAGINE NOT BEING ABLE TO TELL ANYONE

The Newborn Screening Program (the blood spot people) is assisting the Texas Newborn *Hearing* Screening Program in distributing their **Newborn Hearing 1-3-6 Month Process Practitioner's Guide** (enclosure).

What Do Texas Physicians Need to Do?

☞ Direct and coordinate the appropriate and necessary care for the infant who needs newborn hearing follow-up care with support from appropriate ancillary services.

☞ Choose referrals for their patients who will, with parental consent, provide the following information, where available, to the department or its designee:

- ☞ Results of follow-up care;
- ☞ Results of audiologic testing of infants;
- ☞ Reports on initiation of intervention services;
- ☞ Results of follow-up and testing on children served under the state's medical assistance program.

☞ The Joint Committee on Infant Hearing (JCIH) 2000 Position Statement states that the Medical Home is responsible for:

- ☞ Ensuring referral to confirm hearing loss and determine etiology.
- ☞ Coordinating medical specialty evaluations: developmental pediatrics, genetics, ophthalmology, cardiology, nephrology.
- ☞ Monitoring the infant for middle ear fluid which can further compromise hearing.

**For More Information About
Newborn Hearing Screening
Call: 1-800-422-2956, Ext. 3829**

<http://www.tdh.state.tx.us/audio/newbornhear.htm>

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To order free literature from the Newborn Screening (blood spot) Program for patients and professionals, please call 1-800-422-2956, ext. 2129 or order online: <http://www.tdh.state.tx.us/newborn/pubs.htm>

Publication Number 05-10897

<http://www.tdh.state.tx.us/newborn/newborn.htm>