



**Pennsylvania Department of Health  
Newborn Hearing Screening Program**

**OUT-OF-HOSPITAL MONTHLY HEARING SCREENING REPORT**

Birthing Center/Midwife Name:						Submitter Code:	
Name and Phone Number of Person Completing the Report:						Calendar Year:	
Month	# of Live Births	# Newborns Screened	# of Initial Screens Missed (1)	# of Families Refusing Initial Screening (2)	# Not Passing Initial Screening	# Receiving Follow-up Rescreening	# Not Passing Follow-up Rescreen
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

- (1) Includes infants who did not receive an initial screening for all reasons except for a family refusal. Examples would include transfer to another facility, equipment not working or the screening was missed.
- (2) Number of Families Refusing Initial Screening: Enter the total number of newborns that were not screened during the month because the family refused the hearing screening.

**Notes:** Reports submitted should be cumulative. For example, if you submit a report for January, please include January’s information again on the February report.

Revisions to previous monthly reports already submitted may be made using this form. Include a notation on the report to the effect that the figures contain revisions for a previous month.

Submit this report by the 15<sup>th</sup> of every month

Email completed forms to [nbhs@pa.gov](mailto:nbhs@pa.gov); or, fax completed forms to 717-705-9386, attention to the NBHS Program Administrator; or, mail completed forms to Bureau of Family Health, Newborn Hearing Screening Program, Health & Welfare Building, 7th Floor East Wing, Harrisburg, PA 17120.

You may contact the Newborn Hearing Screening Program at: 717-783-8143

## **Newborn Hearing Screening Program Out-of-Hospital Monthly Hearing Screening Reports**

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As required by the Infant Hearing Education, Assessment, Reporting and Referral (IHEARR) Act, all healthcare providers are required to report hearing results, including missed screens and family refusals, in a manner prescribed by the Department. As a result of this requirement the Out-of-Hospital Monthly Hearing Screening Report was created. Instructions for completing the Out-of-Hospital Monthly Hearing Screening Report are as follows:

1. Birth Center/Midwife Name and Submitter Code: Enter the name of the birthing center, midwife, or midwife practice performing the hearing screening, as well as the 4-digit submitter code. The submitter code is assigned to each submitter by the contracted laboratory, PerkinElmer Genetics (PEG). If you do not know your submitter code, contact PEG or the Newborn Hearing Screening Program to receive your submitter code.
2. Name and Phone Number of Person Completing the Report: Enter the name and phone number of the individual who is completing the report.
3. Number of Live Births: Enter the total number of live births for the reporting month. A live birth is a newborn delivered by the reporting birthing center or midwife.
4. Number of Newborns Screened: Enter the total number of newborns who received an initial hearing screening during the reporting month. If a birthing center or midwife performs a hearing screen on a newborn delivered by another midwife, the midwife who delivered the baby is responsible for reporting the hearing results.
5. Number of Initial Screens Missed: Enter the total number of newborns who did not receive an initial screening for all reasons except for a family refusal during the reporting month. Examples would include transfer to another facility, equipment not working or the screening was missed.
6. Number of Families Refusing Initial Screening: Enter the total number of newborns who were not screened because the parents/guardians refused a screening during the reporting month.
7. Number Not Passing Initial Screening: Enter the total number of newborns who did not pass an initial hearing screening during the reporting month.
8. Number Receiving a Follow-Up Rescreen: Enter the total number of newborns who received a hearing re-screening during the reporting month.
9. Number Not Passing Follow-Up Rescreen: Enter the total number of newborns who did not pass a hearing re-screening during the reporting month.

### **Ordering Blank Reports:**

Additional copies of this report may be ordered by emailing [nbhs@pa.gov](mailto:nbhs@pa.gov) or by calling 717-783-8143 between 8:00 am and 4:00 pm Monday through Friday and asking for the Newborn Hearing Screening Program Administrator; or by faxing your order to 717-705-9386 (Attention: NBHS Program).