

TITLE

NEWBORN BLOOD SPOT SCREENING SAMPLE COLLECTION

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Population and Public Health

CATEGORY

Health Care and Services

If you have any questions or comments regarding the information in this procedure, please contact the Newborn Metabolic Screening Program at nmsprogram@albertahealthservices.ca. The Clinical Policy website is the official source of current approved clinical policies, procedures and directives.

OBJECTIVES

- To outline the procedure to be followed when collecting the **sample**.
- To ensure the initial sample is collected between 24 and 72 hours of age and as close to 24 hours as possible.
- To ensure every effort is made to collect the initial sample at the **birth facility** prior to **discharge** or **transfer**.
- To ensure collection of the sample is not delayed in sick or preterm infants, regardless of feeding practices, unless there is a physician refusal for clinical reasons.
- To ensure consistent accommodation of special circumstances related to **sample collection**.

APPLICABILITY

Compliance with this procedure is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary). This procedure does not limit any legal rights to which you may otherwise be entitled.

Accommodating Special Circumstances: If any of the following special circumstances occur, refer to step numbered 10 for additional information:

- adoption pending or adoption finalized;
- surrogacy;
- infant in the care of Child and Family Services;
- **Unique Lifetime Identifier** not available;
- infant deceased;
- **parent/guardian** request for partial screening;
- parent/guardian request for additional screening;
- physician refusal of sample collection;
- parent/guardian refusal of sample collection;
- parent/guardian request for return of the sample; or
- parent/guardian request for removal of personal information from the **Newborn Metabolic Screening (NMS) Program's** application.

NOTE: If an infant is admitted to a neonatal intensive care unit or special care nursery, refer to the Alberta Health Services *Newborn Blood Spot Screening Neonatal Intensive Care Unit or Special Care Nursery Guideline*.

PROCEDURE

1. Verifying Infant Identity

- 1.1 The **health care provider** collecting the sample is responsible for verifying the infant's identity in accordance with the Alberta Health Services *Patient Identity Verification Policy*.
- 1.2 Prior to collecting the sample, the health care provider shall verify both the infant and parent/guardian information written on the **requisition card**.

2. Obtaining Informed Consent

- 2.1 The most **responsible health practitioner** is responsible for ensuring **informed consent** for sample collection is obtained from the infant's parent/guardian and the discussion is documented prior to sample collection in accordance with the Alberta Health Services *Consent to Treatment/Procedure(s) Policy* and the Alberta Health Services *Consent to Treatment/Procedure(s): Minors/Mature Minors Procedure*.
- 2.2 The most responsible health practitioner shall give the parent/guardian, or ensure the parent/guardian has received information about the NMS Program, including

but not limited to (see the NMS Program staff education resource *Talking with Parents Essentials*):

- a) the **screened conditions**;
 - b) the nature of sample collection;
 - c) the risks and benefits of newborn blood spot screening; and
 - d) the consequences of not undertaking newborn blood spot screening.
- 2.3 The parent/guardian shall be given the opportunity to ask questions and to receive understandable answers.
- 2.4 Verbal **express consent** shall be obtained and the discussion documented by the most responsible health practitioner in the infant's **health record**.
- a) Parent/guardian refusals shall be managed in accordance with step numbered below.

3. Protecting the Requisition Card

- 3.1 The requisition card shall be stored, handled and packaged with care to avoid contamination, physical damage and to protect from direct sunlight, heat and water. The filter paper area shall not come in contact with gloved hands, formulas, antiseptic solution, lotions, petroleum jelly and other materials at any time before, during or after collecting the sample.
- 3.2 The expiration date on the requisition card shall be verified to ensure the card is not expired. Expired requisition cards shall not be used and shall be destroyed. The use of an expired requisition card will result in the need for a repeat sample collection.

4. Filling out the Requisition Card

- 4.1 The requisition card shall be filled out fully and accurately (see the NMS Program staff education resource *Filling out the Blood Spot Card Essentials*) prior to collecting the blood spots. Requisition cards that are incomplete and/or inaccurate may result in the need for a repeat sample collection.
- a) Only black ink shall be used.
 - b) Cursive writing shall not be used.
 - c) Addressograph or paper labels shall not be used.
- 4.2 All reasonable efforts shall be made to find missing or unavailable information to fill out the requisition card. If information is still unavailable after reasonable efforts have been made to find it, the requisition card shall be submitted to the **NMS Laboratory** in a timely manner.

5. Collecting the Blood Spots

5.1 Preparing to collect the blood spots.

- a) All necessary supplies shall be gathered.
- b) Hand hygiene shall be performed in accordance with the Alberta Health Services *Hand Hygiene Policy* and gloves shall be used.
- c) The infant's leg shall be positioned below the heart to increase venous pressure and the infant's foot gently massaged to increase blood flow.
- d) The puncture site shall be located on either the most medial or most lateral portion of the plantar surface of the heel (see the NMS Program staff education resource *Collecting the Blood Spots Essentials*). Puncturing other areas of the foot may cause injury to nerves, tendons, cartilage or bone.
- e) The health care provider collecting the sample shall keep the infant warm to increase the rate of blood flow. As deemed necessary, the health care provider may:
 - remove as few items of clothing as possible to reveal the infant's foot;
 - swaddle the infant in a blanket;
 - have the parent/guardian hold the infant which may include skin to skin contact and/or breastfeeding;
 - leave only the extremity of the puncture site exposed; and/or
 - warm the area of puncture for three (3) to five (5) minutes with a commercial infant heel warmer or a soft cloth moistened with warm water that has been held comfortably against the inner aspect of the health care provider's forearm.
- f) The puncture site shall be cleansed using 70% isopropyl alcohol. The puncture site shall be air dried prior to puncture as failure to do so may dilute the blood spots with isopropyl alcohol and adversely affect the screen results.
- g) Infants with rare collection challenges (e.g., bilateral casts, foot deformities) may have blood spots collected by venipuncture in consultation with the infant's physician or midwife to ensure the collection occurs at a neonatal/pediatric venipuncture laboratory site.

5.2 Poking the heel and collecting the blood spots.

- a) The skin shall be punctured using a sterile, single-use, retractable NMS Program approved lancet (see the NMS Program staff education resource

Collecting the Blood Spots Essentials) placed securely against the infant's heel at a 90-degree angle to the length of the foot. The trigger of the lancet shall be firmly and completely depressed and released, and the lancet disposed of promptly in a biohazard/puncture-proof container for sharps.

- b) The first drop of blood shall be wiped away with dry sterile gauze or a cotton ball as the first drop may contain tissue fluids which may dilute the blood spots. Blood shall be allowed to flow freely.
- c) The filter paper area of the requisition card shall be gently touched to the blood drop to fill each pre-printed circle with a single application of blood.
 - The filter paper area shall not be pressed against the puncture site.
 - Blood shall only be applied to the front side of the filter paper area until no areas of white within the pre-printed circle are visible on the front and the blood has seeped through to the back.
- d) All four blood spots on the filter paper area shall be fully saturated (see the NMS Program staff education resource *Getting Great Blood Spots Essentials*).
 - As deemed necessary by the health care provider collecting the sample, the blood flow shall be increased by applying gentle intermittent pressure to areas surrounding the puncture site. The puncture site shall not be milked or squeezed as this may adversely affect the screen results, which may result in the need for a repeat sample collection.
 - If one (1) drop of blood fails to fully saturate the pre-printed circle, a second drop shall be applied only while the first drop of blood is still wet. If the first drop of blood is dry when the second drop of blood is applied, the quality of the sample can be negatively affected, which may result in the need for a repeat sample collection.
 - If unable to obtain a sufficient quantity of blood with the first puncture, a second puncture shall be performed on the opposite foot. If using the opposite foot is not an option, a new puncture site shall be located on the opposite side of the original foot. The process for collecting the blood spots shall be followed as outlined in step numbered 5.
 - If it is not possible to fully saturate four (4) blood spots, a minimum of two (2) blood spots shall be fully saturated. If it is not possible to fully saturate two (2) blood spots after two (2) unsuccessful attempts, another collection shall be arranged with a new requisition card at a later time, following steps numbered 1 to 9. The time of the new collection shall be determined at the discretion of the most responsible health practitioner.

5.3 After collecting the blood spots.

- a) The infant's foot shall be elevated above their body post puncture and pressure applied to the puncture site with clean gauze until the bleeding stops. If bleeding persists, gauze shall be applied to the puncture site with gentle pressure until the bleeding stops.
 - Adhesive bandages shall not be used.
- b) Hand hygiene shall be performed in accordance with the Alberta Health Services *Hand Hygiene Policy*.
- c) The parent/guardian shall be encouraged to comfort their infant.
- d) The date and time of collection fields on the requisition card shall be filled out.
- e) The collector ID and collection location fields on the requisition card shall be filled out.
- f) The requisition card shall be double checked to ensure accuracy, legibility and completion. Requisition cards that contain incorrect, illegible or missing information may result in the need for a repeat sample collection.
- g) The collection of the sample shall be documented in:
 - the infant's health record;
 - the **notice of birth** within birth facilities; and
 - other sources as required in accordance with zone-specific or facility-specific practices.
- h) All samples shall be submitted to the NMS Laboratory, even in the event the health care provider suspects the quality of the sample may be compromised or the sample is incomplete.

6. Drying the Blood Spots

- 6.1 The blood spots shall be allowed to air-dry for a minimum of three (3) hours at ambient temperature. A drying rack that separates the requisition cards may be used to facilitate the drying process. During the drying process, care shall be taken to protect requisition cards by:
 - a) keeping requisition cards in a suspended, horizontal position to avoid contact with any surfaces;
 - b) not exposing requisition cards to direct sunlight; and
 - c) not stacking requisition cards or allowing them to have direct contact with other requisition cards.

- 6.2 Blood spots that are not completely dried may be transferred from an infant's home to a health centre or laboratory in a box that separates the requisition cards. Once the requisition cards have been transferred to the health centre or laboratory, they shall be removed from the box and air-dried as indicated above.
- 6.3 For additional information, see the NMS Program staff education resource *Drying & Transportation Essentials*.

7. Packaging the Sample

- 7.1 The requisition card shall only be packaged once the blood spots are completely dry (a minimum of three (3) hours drying time).
- 7.2 Requisition cards shall be packaged in a paper envelope pre-addressed to:
- University of Alberta Hospital
Department of Laboratory Medicine
Room 4B4.16
Newborn Metabolic Screening Laboratory
8440 -112 Street NW Edmonton, AB
T6G 2B7
- a) The return address of the health centre or laboratory responsible for packaging and transporting the requisition cards shall be included on the outside of the envelope.
- b) Confidential **health information** shall not be recorded on the outside of the envelope.
- c) No further labeling is required.
- 7.3 Sealed, leak-proof plastic bags, including biohazard bags, shall not be used to package requisition cards. The lack of air exchange may cause heat build-up and moisture accumulation, with the potential to negatively affect the quality of the sample which could result in the need for a repeat sample collection.
- 7.4 Multiple requisition cards may be packaged together in an envelope, provided they are alternately stacked by rotating each requisition card so that the blood spots on each requisition card do not touch.
- 7.5 For additional information, see the NMS Program staff education resource *Drying & Transportation Essentials*.

8. Transporting the Sample

- 8.1 The dried, packaged sample shall be transported to the NMS Laboratory as soon as possible after sample collection. The sample must be received by the NMS Laboratory within 72 hours after sample collection.

- a) Local transportation practices shall be consulted for instructions on how to transport the sample.
- b) Samples shall not be mailed through Canada Post.

8.2 For additional information, see the NMS Program staff education resource *Drying & Transportation Essentials*.

9. Collecting the Sample Prior to Discharge and Transfer

9.1 Every effort shall be made to collect the initial sample at the birth facility prior to discharge or transfer if the infant is 24 hours of age or older.

9.2 When an infant is discharged or transferred from the birth facility, the most responsible health practitioner shall inform the receiving facility or **zone public health nursing services** whether or not the initial sample was collected at the birth facility.

- a) The most responsible health practitioner shall ensure that this information is recorded on the notice of birth.

9.3 If the blood spots have not been collected prior to discharge or transfer from the birth facility, the requisition card shall not be given to the parent/guardian and it shall be destroyed.

9.4 If the most responsible health practitioner believes that an infant less than 24 hours of age may be difficult to locate in the community, the sample may be collected prior to discharge or transfer. The birth facility shall inform zone public health nursing services that a repeat sample collection is required between 24 and 72 hours of age.

9.5 If an initial sample was not collected prior to transfer from the birth facility, the receiving facility shall collect the initial sample following steps numbered 1 to 9.

9.6 If an initial sample was not collected prior to discharge from the birth facility, zone public health nursing services shall follow steps numbered 1 to 2 and either collect the sample or refer an infant to the nearest laboratory for collection.

10. Special Circumstances

10.1 Adoption pending or adoption finalized.

- a) In cases where an adoption of an infant is pending at the time of sample collection, but no Adoption Order has been received by an Alberta Health Services hospital or health care setting as proof of adoption:
 - the requisition card shall be filled out using the infant's birth name, birth demographics, birth parent information and birth Unique Lifetime Identifier in accordance with step numbered 4 above;

- ADOPTION PENDING shall be written clearly on the requisition card; and
 - the sample shall be collected and transported in accordance with steps numbered 1 to 9 above.
- b) In cases where an infant has been adopted at the time of sample collection and an Adoption Order has been received by the Alberta Health Services hospital or health care setting as proof of adoption:
- the requisition card shall be filled out using the infant's adoptive name, adoptive demographics, adoptive parent information and adoptive Unique Lifetime Identifier in accordance with step numbered 4 above; and
 - the sample shall be collected and transported in accordance with steps numbered 1 to 9 above.
- c) For additional information, see the NMS Program staff education resource *Special Situations when Collecting Essentials*.

10.2 Surrogacy.

- a) In cases where an infant is born to a surrogate mother but no Court Order transferring legal guardianship to the intended parents has been received by Alberta Health Services:
- the requisition card shall be filled out using the infant's birth name, birth demographics, surrogate mother information and birth Unique Lifetime Identifier in accordance with step numbered 4 above; and
 - the sample shall be collected and transported in accordance with steps numbered 1 to 9 above.
- b) In cases where an infant is born to a surrogate mother and a Court Order transferring legal guardianship to the intended parents has been received by Alberta Health Services:
- the requisition card shall be filled out using the information currently available in the infant's health record in accordance with step numbered 4 above; and
 - the sample shall be collected and transported in accordance with steps numbered 1 to 9 above.
- c) For additional information, see the NMS Program staff education resource *Special Situations when Collecting Essentials*.

10.3 Infant in the Care of Child and Family Services.

- a) If an infant is in the care of Child and Family Services at the time of sample collection (e.g., apprehended, temporary guardianship order, permanent guardianship order) the requisition card shall be filled out using the infant's birth name, birth demographics, birth parent information and birth Unique Lifetime Identifier in accordance with step numbered 4 above.
 - INFANT IN CARE OF CHILD & FAMILY SERVICES shall be written clearly on the requisition card.
- b) The sample shall be collected and transported in accordance with steps numbered 1 to 9 above with the following consideration:
 - The most responsible health practitioner shall work with Child and Family Services to ensure that informed consent is obtained from a person with appropriate legal authority in a timely manner.
- c) For additional information, see the NMS Program staff education resource *Special Situations when Collecting Essentials*.

10.4 Unique Lifetime Identifier not available.

- a) If a Unique Lifetime Identifier is not available for an infant at the time of sample collection (e.g., registration pending or unavailable, adoptive Unique Lifetime Identifier not yet requested or not yet received), the requisition card shall be filled out in accordance with step numbered 4 above and sample collection shall not be delayed.
 - ULI PENDING shall be written clearly in the ULI field of the requisition card.
- b) The sample shall be collected and transported in accordance with steps numbered 1 to 9 above.
- c) For additional information, see the NMS Program staff education resource *Special Situations when Collecting Essentials*.

10.5 Infant deceased.

- a) If an infant is deceased at the time of sample collection, the requisition card shall be filled out in accordance with step numbered 4 above.
 - NEONATAL DEATH shall be written clearly on the requisition card.
- b) The requisition card shall be transported to the NMS Laboratory in accordance with local transportation practices.
- c) The completion and transportation of the requisition card shall be documented in the infant's health record.

- d) For additional information, see the NMS Program staff education resource *Special Situations when Collecting Essentials*.

10.6 Parent/guardian request for partial screening.

- a) If a parent/guardian requests partial screening, the parent/guardian shall be informed that it is not possible to screen for select conditions within the NMS Program.
- b) Sample collection shall proceed in accordance with steps numbered 1 to 9 above.
- c) For additional information, see the NMS Program staff education resource *Special Situations when Talking with Parents Essentials*.

10.7 Parent/guardian request for additional screening.

- a) If a parent/guardian requests screening for conditions in addition to the screened conditions, the parent/guardian shall be referred to their infant's physician or midwife to discuss their request.
- b) Sample collection shall proceed in accordance with steps numbered 1 to 9 above.
- c) For additional information, see the NMS Program staff education resource *Special Situations when Talking with Parents Essentials*.

10.8 Physician refusal of sample collection.

- a) If a physician refuses sample collection for clinical reasons, the requisition card shall be filled out in accordance with step numbered 4 above.
- PHYSICIAN REFUSAL shall be written clearly on the requisition card.
- b) The requisition card shall be transported to the NMS Laboratory in accordance with local transportation practices.
- c) The clinical circumstances of why sample collection was declined, as well as the completion and transportation of the requisition card shall be documented in the infant's health record.
- d) For additional information, see the NMS Program staff education resource *Special Situations when Collecting Essentials*.

10.9 Parent/guardian refusal of sample collection.

- a) If a parent/guardian refuses sample collection, the most responsible health practitioner shall explain the risks and consequences of the refusal, without creating a perception of coercion.

- b) If the parent/guardian confirms their refusal for sample collection, the Alberta Health Services NMS Program *Refusal for Newborn Blood Spot Screen Form* shall be completed in accordance with the form instructions and the parent/guardian shall be asked to sign the form.
 - If the parent/guardian confirms their refusal for sample collection over the telephone, the most responsible health practitioner shall ensure another health care provider witnesses the refusal.
- c) The Alberta Health Services NMS Program *Refusal for Newborn Blood Spot Screen Form* shall be placed in the infant's health record and a copy shall be faxed to the **NMS Program coordination team** who shall ensure a copy is placed in the infant's health record at the birth facility.
- d) The most responsible health practitioner shall notify the infant's physician or midwife that the parent/guardian refused sample collection in a timely manner.
- e) The requisition card shall be filled out in accordance with step numbered 4 above.
 - PARENT REFUSAL shall be written clearly on the requisition card.
- f) The requisition card shall be transported to the NMS Laboratory in accordance with local transportation practices.
- g) The most responsible health practitioner shall document the refusal, as well as the completion and transportation of the requisition card in the infant's health record.
- h) For additional information, see the NMS Program staff education resource *Parent Refusal Essentials*.

10.10 Parent/guardian request for return of the sample.

- a) If a parent/guardian requests to have their infant's sample returned, the parent/guardian shall be informed that their infant's sample can be returned after newborn blood spot screening is complete.
- b) The parent/guardian request for the return of their infant's sample shall be managed in accordance with the Alberta Health Services *Laboratory Services Policy for Release of Samples*.
- c) The sample shall be collected and transported in accordance with steps numbered 1 to 9 above.
- d) The parent/guardian request for return of the sample shall be documented in the infant's health record.

- e) For additional information, see the NMS Program staff education resource *Special Situations when Talking with Parents Essentials*.
- 10.11 Parent/guardian request for removal of personal information from the NMS Program's application.
- a) If a parent/guardian requests to have personal information that identifies them or their infant removed from the NMS Program's application, the parent/guardian shall be informed that their infant's personal information can be removed after newborn blood spot screening is complete.
 - b) The parent/guardian shall be directed to www.albertahealthservices.ca or Health Link to obtain the Alberta Health Services NMS Program Removal of *Personal Information from the Newborn Metabolic Screening Application Form*.
 - c) The sample shall be collected and transported in accordance with steps numbered 1 to 9 above.
 - d) The parent/guardian request for removal of personal information from the NMS Program's application shall be documented in the infant's health record.
 - e) For additional information, see the NMS Program staff education resource *Special Situations when Talking with Parents Essentials*.

DEFINITIONS

Birth facility means the Alberta Health Services hospital or health care setting where an infant is born.

Discharge means the process of exiting the system or services of the organization. It may include continuation of service or care by another agency or provider not a part of Alberta Health Services.

Express consent means direct, explicit agreement to undergo a treatment/procedure(s), given either verbally or in writing.

Guardian means, where applicable:

For a minor: a) as defined in the *Family Law Act*; b) as per agreement or appointment authorized by legislation (obtain copy of the agreement and verify it qualifies under legislation; e.g., agreement between the Director of Child and Family Services Authority and foster parent(s) under the *Child, Youth and Family Enhancement Act*; or agreement between parents under the *Family Law Act*; or as set out in the *Child, Youth and Family Enhancement Act* regarding guardians of the child to be adopted once the designated form is signed); c) as appointed under a will (obtain a copy of the will; also obtain grant of probate, if possible); d) as appointed in accordance with a personal directive (obtain copy of personal directive); e) as appointed by court order (obtain copy of court order) (e.g., order according to the *Child, Youth and Family Enhancement Act*.); and, f) a divorced parent who has custody of the minor.

Health care provider means any person acting on behalf of Alberta Health Services who is providing a good or a service to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Health information means information that identifies an individual and is stored in any format that relates to:

- a) diagnosis, treatment and care; and
- b) registration (e.g., demographics, residency, health services eligibility, or billing).

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Informed consent means the agreement of a patient to the patient undergoing a treatment/procedure after being provided with the relevant information about the treatment/procedure(s), its risks and alternatives and the consequences of refusal.

Most responsible health practitioner means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of his/her practice.

Newborn Metabolic Screening Laboratory means the Alberta Health Services designated laboratory for newborn blood spot screening located at the University of Alberta Hospital.

Newborn Metabolic Screening Program means an organized population-based newborn blood spot screening program delivered by Alberta Health Services.

Newborn Metabolic Screening Program coordination team for the purposes of this policy suite means the Alberta Health Services designated team within Population and Public Health that integrates, organizes and manages the Newborn Metabolic Screening Program and its operations.

Notice of birth means the document used to collect personally identifiable information about the mother and her infant or about a stillbirth.

Parent means the adult guardian of a child with the legal authority to make decisions on behalf of the minor in accordance with the Alberta *Family Law Act*.

Requisition card for the purposes of this policy suite means the Newborn Metabolic Screening Program requisition consisting of an area for the infant's blood spots and an area for health information.

Sample for the purposes of this policy suite means the blood spots and health information collected on the requisition card for the purpose of newborn blood spot screening.

Sample collection for the purposes of this policy suite means the process of completing the requisition card and poking the infant's heel to obtain the blood spots for the purpose of newborn blood spot screening.

Screened condition for the purposes of this policy suite means one or more of the treatable conditions currently screened for within the Newborn Metabolic Screening Program.

Transfer means re-assignment or physical re-location to/from a health care setting, service, health care provider or level of care.

Unique Lifetime Identifier (ULI) means a unique and permanent number assigned to all persons who receive health services in Alberta. Unique Lifetime Identifiers are assigned to all Alberta residents, residents of other provinces/territories or other countries.

Zone public health nursing services for the purposes of this policy suite means the public health nursing services responsible for providing newborn blood spot screening services at the zone level.

REFERENCES

- Alberta Health Services *Consent to Treatment/Procedure(s) Policy*
- Alberta Health Services *Consent to Treatment/Procedure(s): Minors/Mature Minors Procedure*
- Alberta Health Services *Hand Hygiene Policy*
- Alberta Health Services *Laboratory Services Policy for Release of Samples*
- Alberta Health Services *Newborn Metabolic Screening Program Policy*
- Alberta Health Services *Newborn Blood Spot Screening Neonatal Intensive Care Unit or Special Care Nursery Guideline*
- Alberta Health Services NMS Program *Refusal for Newborn Blood Spot Screen Form*
- Alberta Health Services NMS Program *Removal of Personal Information from the Newborn Metabolic Screening Application Form*
- Alberta Health Services *Patient Identity Verification Policy*
- NMS Program staff education resource *Collecting the Blood Spots Essentials*
- NMS Program staff education resource *Drying & Transportation Essentials*
- NMS Program staff education resource *Filling out the Blood Spot Card Essentials*
- NMS Program staff education resource *Getting Great Blood Spots Essentials*
- NMS Program staff education resource *Parent Refusal Essentials*
- NMS Program staff education resource *Special Situations when Collecting Essentials*
- NMS Program staff education resource *Special Situations when Talking with Parents Essentials*
- NMS Program staff education resource *Talking with Parents Essentials*

REVISIONS

N/A