





Newborn Screening Center Central Luzon

DATE : February 3, 2021

TO : Chief of Hospital/Medical Director/NBS Coordinator

FROM :  Maria Elissa Veronica C. Benipayo
Program Manager

NOTED BY :  Bernadette C. Halli-Mendoza, MD, FPPS
Unit Head

RE : **NEWBORN SCREENING FACILITY ADMINISTRATIVE MECHANICS**

Please see attached revised Newborn Screening Facility (NSF) Protocols with the following contents:

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<i>ii. Purchase Order Form (rev. February 1, 2021)</i>	
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*updated on February 3, 2022	

We will appreciate your utmost cooperation for the achievement of competent and efficient Newborn Screening services. Together, let us make sure that 100% Filipino newborns are screened. Thank you very much!



NEWBORN SCREENING FACILITY
ADMINISTRATIVE MECHANICS

A. ORDERING

1. **USE OF PURCHASE ORDER FORM.** Newborn Screening Facilities (NSFs) may use their purchase order form to order Expanded NBS Collection Kits. If your NSF does not have its own form, you may use the **NSC-CL Purchase Order Form** (please see attached). Please be reminded that per DOH Administrative Order No. 2014-0045-A dated March 29, 2019, effective May 1, 2019, the Expanded NBS Collection Kit shall be priced at Php 1,750.00 per kit.

When ordering Expanded NBS (ENBS) Collection Kits, please be guided with the following reminders:

- a. The following information **MUST** be provided in the purchase order form to avoid unnecessary delay in its processing:

- a.1 **Facility Name**
- a.2 **Address**
- a.3 **Contact Number**
- a.4 **Purchase Order Number**
- a.5 **Date**
- a.6 **Facility Code**
- a.7 **Quantity of ENBS Collection Kits**

Note: The minimum allowable quantity of kits per purchase order is **FIVE (5) ENBS Collection Kits**

- a.8 **Total Amount**
- a.9 **Mode of Delivery (Courier or for Pick-up)**

Note: If it was not indicated, the order will automatically be delivered via courier.

- a.10 **Deliver To (Please indicate specific courier branch when using LBC)**

- a.11 **Signatories**

Note: Purchase orders must be signed and approved by authorized personnel only. Please fill in **ALL** three fields (**Requested By, Approved By and Noted By**) with **SIGNATURE OVER PRINTED NAME and POSITION**. This rule applies even to solely-owned Newborn Screening Facilities.

- b. Your purchase order may be put **ON HOLD** for the following reasons:

- b.1 **INCOMPLETE OR INCORRECT INFORMATION.** The Administrative Assistant (Purchasing) will inform you via phone of any failure to provide complete and correct information as stated above. Changes in any of the vital information in the purchase order should always be communicated in writing through a letter addressed to the NSC-CL for documentation purposes.

Contact Person : **JOANN B. DIZON**
Administrative Assistant (Purchasing)

- b.2 **UNSETTLED ACCOUNT.** The Administrative Assistant (Purchasing) or Accounting Assistant will inform you via phone of any unsettled account. Please be reminded that your purchase order will not be processed



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if there is an existing PAST DUE ACCOUNT. Notices of Collection with Statement of Account will be sent to your facility for settlement of your past due accounts.

Contact Person : **MYRNA P. DAMASCO**
Accounting Assistant

2. **MODES OF ORDERING.** Orders may be made through any of the following modes:

MODE OF ORDERING	INSTRUCTION
a. E-mail	a.1 Scan the accomplished purchase order form and send to <u>nscaufmc@gmail.com</u> a.2 Verify receipt at <u>(045) 625-2999 ext. 3001</u> Contact Person: <i>Joann Dizon, Admin. Asst. (Purchasing)</i>
b. Courier	b.1 Send the accomplished purchase order form together with NBS samples. b.2 Send your order to this address: Newborn Screening Center - Central Luzon 11th floor, Angeles University Foundation Medical Center MacArthur Highway, Lourdes Sur East Angeles City 2009 b.3 Our Admin. Asst. (Purchasing) will verify your order by phone upon receipt.
c. Walk-in	c.1 Proceed to this address: Newborn Screening Center - Central Luzon 11th floor, Angeles University Foundation Medical Center MacArthur Highway, Lourdes Sur East Angeles City 2009

B. DELIVERY

- ENBS Collection Kits will be delivered through your preferred courier. Allow **7 working days** from the receipt of your PO or **10 working days** if your facility is outside the service area of the courier. You will be notified in case of changes in delivery schedule.

*Note: **Kindly notify NSC-CL if your ordered ENBS Collection Kits were not received within 7-10 working days.***

- If you prefer to pick-up your ENBS Collection Kits, these will be released according to the schedule below:

TIME OF RECEIPT OF PURCHASE ORDER	SCHEDULE OF RELEASE OF ENBS KITS
8:00am - 11:00am	3:00pm of the same day
11:00am - 5:00pm	3:00pm of the next working day

- The original Billing Statement will accompany your ordered ENBS Collection Kits. Original official receipts will also be sent for previous payments made.
- Upon receipt of your ordered ENBS Collection Kits, immediately check the contents for completeness. If there is any discrepancy in your order, please inform the Administrative Assistant (Purchasing) within the day the order was received. **Failure to report any discrepancy will mean that your kits were received in good order and condition.**



C. PAYMENTS

1. **TERMS OF PAYMENT.** The Term of Payment refers to the period of time given to the NSF to pay the ordered ENBS Collection Kits. The term of payment is **60 DAYS AND WILL START FROM THE BILLING STATEMENT DATE**. Partial payment is not accepted.
2. **MODES OF PAYMENT.** Payment may be made through any of the following methods:

a. DIRECT PAYMENT

Payments by cash or check can be made directly to the NSC-CL Cashier. Please make all checks payable to **ANGELES UNIVERSITY FOUNDATION MEDICAL CENTER, INC.** The Billing Statement shall be presented as reference upon payment.

b. BANK PAYMENT

For payments to be made directly to our accredited banks, the deposit slip should contain the following information:

b.1 Banco De Oro Deposit Facility

- i. Date
- ii. Account Number: **1460040765**
- iii. Account Name: **Angeles University Foundation Medical Center, Inc.**
- iv. Payor’s Name: <Facility Name>
- v. Reference Number: <Facility Code>

- If your facility code is a four-digit code, the same shall serve as your reference number. See example below:

Facility Name:	M.V. Gallego Cabanatuan City General Hospital
Facility Code:	1099
Reference Number:	<u>1099</u>

- If your facility code is less than four digits, add the number 0 before your facility code to complete the four-digit number required. See example below:

Facility Name:	Angeles University Foundation Medical Center, Inc.
Facility Code:	32
Reference Number:	<u>0032</u>

b.2 Land Bank of the Philippines Online Collection Facility

- i. Date
- ii. Account Number: **1522-222-000**
- iii. Account Name: **Angeles University Foundation Medical Center, Inc.**



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- iv. Reference Number 1: <Facility Name>&<Facility Code>
- v. Reference Number 2: <Billing Statement Number>/<Purchase Order Number>
- vi. Name of Depositor

b.3 Philippine National Bank Deposit Facility

- i. Date
- ii. Account Number: **202670004072**
- iii. Account Name: **Angeles University Foundation Medical Center, Inc.**
- iv. Facility Name
- v. Facility Code
- vi. Billing Statement Number

b.4 Metropolitan Bank & Trust Company (Metrobank)

- i. Date
- ii. Account Number: **4307430008290**
- iii. Account Name: **Angeles University Foundation Medical Center, Inc.**
- iv. Facility Name
- v. Facility Code
- vi. Billing Statement Number

- 3. A copy of the validated deposit slip must be sent to NSC-CL immediately through email or courier (together with NBS samples) for efficient posting of payment and issuance of official receipt.
- 4. Accounts settled after the given term of payment will be charged with interest at a rate of two percent (2%) per month to be compounded monthly until full payment is made.
- 5. The original official receipt will be sent together with the Billing Statement of your next order of ENBS Collection Kits. For immediate requests for official receipts, please write a letter addressed to **BERNADETTE HALILI-MENDOZA, MD, FPPS, UNIT HEAD, NSC-CL.**

D. SENDING NEWBORN SCREENING SAMPLES

You may send your newborn screening samples through the following couriers:

- | | | | |
|----|------------------------|---|----------------------------------|
| 1. | NAME OF COURIER | : | AIR 21 |
| | ACCOUNT NUMBER | : | 1000015637 |
| | CONTACT NUMBER | : | (02) 8854-2100 |
| 2. | NAME OF COURIER | : | LBC EXPRESS |
| | ACCOUNT NUMBER | : | 10033201 |
| | CONTACT NUMBERS | : | (045) 892-0673 / (0922) 852-0936 |
| 3. | NAME OF COURIER | : | DHL (WWW Express) |
| | ACCOUNT NUMBER | : | 642213422 |



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- CONTACT NUMBERS : (045) 873-8888 local 8999 / (045) 636-4564 / (045) 861-9895
- 4. **NAME OF COURIER** : **2GO EXPRESS**
- ACCOUNT NUMBER : 2010356892
- CONTACT NUMBER : (0947) 864-2256 / (0923) 107-2342
- 5. **NAME OF COURIER** : **ABEST EXPRESS**
- ACCOUNT NUMBER : NB1
- CONTACT NUMBERS : (045) 892-0380 / (045) 625-5881 / (045) 887-2836
- 6. **NAME OF COURIER** : **JRS EXPRESS**
- ACCOUNT NUMBER : 102644
- CONTACT NUMBERS : (045) 458-1050 / (0943) 708-6394
- 7. **NAME OF COURIER** : **STATDelivery**
- ACCOUNT NUMBER : NSCCL01
- CONTACT NUMBERS : (045) 304-7434 / (0905) 272-6418 / (0999) 706-1442

The protocol for sending newborn screening samples using courier are as follows:

1. All NBS samples should be accompanied by a transmittal form.
2. They should be wrapped in a clean white envelope or a clean sheet of bond paper.
3. The envelope or the clean sheet of paper must be properly labelled with the details of the sending newborn screening facility (NSF code, NSF name and NBS coordinators' name) before handing to the courier.
4. To request for pick up, contact the courier's main office or nearest branch and specify account number and account name of NSC-CL.
5. Use small pouch for sending NBS samples. The request for small pouches is coordinated with the nearest courier branch. Please request for these ahead of time to allow for preparation and distribution.
6. The Newborn Screening Coordinator should personally secure the NBS samples in the pouch and fill in the required information in the waybill. Put NSC-CL as the consignee.
7. Always ask for the customer's copy of the waybill, the acknowledgement receipt or any proof of transaction with tracking number.
Note: In case of failure to secure a proof of transaction, the NSF may be held accountable in the event the NBS samples get lost or do not reach the NSC-CL.
8. Do not pay the shipping fee. The fee shall be charged to the account of NSC-CL. If the customer associate insists that you pay the shipping fee, immediately call and report this to NSC-CL.

IMPORTANT NOTE:

If you are the NBS Coordinator of 2 NSFs, please make sure to do the following:

1. **Separately wrap the NBS samples per NSF and label each of them accordingly as instructed above.**
2. **Use separate pouches if you are sending samples of 2 different NSFs.**
3. **Each sending NSF should have a corresponding tracking number for its shipment/pouch.**

E. NEWBORN SCREENING RESULTS

1. NSC-CL will release two forms of results: Summary Report of Results (Yellow Form) and Individual/Patient's Copy (White Form). All results will be mailed directly to the NSF 7 to 14 working days from the time the NBS sample was received at the NSC-CL.
2. The patient's copy of the result must be claimed at the respective NSF. Please inform your patients that **RESULTS SHALL NOT BE CLAIMED AT THE NSC-CL**. Your health facility should designate one person to handle receiving and release of all NBS results to patients. Request for second copy of result will require a letter addressed to the



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NSC-CL Unit Head and will be subject for approval.

3. Newborn Screening results that are outside normal limits (for repeat and confirmatory testing) will be faxed and e-mailed and will be immediately recalled by the follow-up nurse through a phone call. A hard copy will be sent to the facility via courier.

CONTACT PERSONS:

MARIA REGINA C. YUTUC, RN - Follow-up Officer
SHERY LYN S. ICMAT, RN - Follow-up Nurse

4. For unfit and unsatisfactory samples, the NSC-CL will immediately call the NBS Coordinator for instructions. A hard copy will be sent to the NSF via courier.

CONTACT PERSON:

MICO BRYLE S. GABRIEL, RN – Unsatisfactory Recall Nurse

5. Feeding Information, Missing Information and Data Erasures

Please be reminded that the NSC-CL will only accept feeding information, missing information (e.g. date and time of birth/collection, birth weight, AOG) and data erasures relayed through a duly signed letter (with printed name and signature) from the NBS coordinator or person-in-charge of newborn screening. The NSC-CL will not accept unsigned letters or any information relayed through phone call or text message.

IMPORTANT NOTE:

Do not use another filter card to relay missing information or feeding history. Any incomplete information will cause delay in releasing of results.

F. PROPER DOCUMENTATION OF DATA

Please use the guide below for recording all pertinent data of your patients before sending the NBS samples to the NSC-CL. This will help you check the completeness and correctness of the information on the filter card. Keeping the detachable filter card number is required to facilitate the processing of Philippine Health Insurance Corporation (PHIC) claims for newborn care package.

Filter Card No.	Mother's Name	Date and Time of Birth	Date and Time of Collection	Sex	Birth Weight (grams)	Age of Gestation (weeks)	Type of Feeding	Patient Status (e.g. special conditions)	Patient's Address	Patient's Contact Number	Date Sent	Shipment Tracking No.	Result	Date Received	Claimed By	Date Claimed
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G. CARD REPLACEMENT

The card replacement is free for the following reasons only:

- a. Positive result for ENBS Disorders except for G6PD Deficiency
- b. Contaminated samples
- c. Insufficient samples
- d. <24 hours
- e. Late
- f. NPO/TPN/Soy
- g. Blood Transfusion



IMPORTANT NOTE:

1. The replacement cards will be sent together with your next purchase order if they are less than 20.
2. If replacement cards are more than 20, they will be sent immediately to your health facility. Please do not send your requests for replacement cards in batches. Immediately request for card replacement when you have reached 20 or more filter cards.
3. Filter cards will be replaced only if NSC-CL has received both the initial and repeat cards.
4. The cost of the repeat test on the 28th day of life for preterm, low birth weight and sick patients is to be shouldered by the patient's family.

Below is a card replacement matrix for your guidance:

	CONDITION	REPLACEMENT	PROCEDURE	REMARKS
1.	Positive Result (Screening result that is outside normal limits)	FREE	Indicate the names of the patients on your next purchase order	No extra fee should be collected from the patient
2.	Contaminated/ Insufficient Sample	FREE (as per evaluation of laboratory) on the first repeat only	Indicate the names of the patients on your next purchase order	If the repeat sample is still contaminated/ insufficient, filter cards used in the collection of succeeding samples shall be charged to the NSF No extra fee should be collected from the patient
3.	Taken <24 hours	FREE on the first repeat only	Indicate the names of the patients on your next purchase order	No extra fee should be collected from the patient
4.	Late	Refer to attached NSC-CL Memorandum 2020-007 Replacement of Late samples is on a case-by-case basis. If upon investigation, it was found that the cause of the late sample is the NSF, repeat card is not for replacement. If the cause is courier-related, replacement is free.	Indicate the names of the patients on your next purchase order	No extra fee should be collected from the patient
5.	On Blood Transfusion	For fresh whole blood, packed RBCs or exchange transfusion, 3 repeat collections are required. 1 st - 2 days post BT 2 nd - 2 weeks post BT 3 rd - 120 days post BT For fresh frozen plasma, platelet concentrate and albumin, 2 repeat collections are required. 1 st - 2 days post BT 2 nd - 2 weeks post BT All filter cards used for	Indicate the names of the patients on your next PO; please indicate if 1 st , 2 nd , or 3 rd repeat post-BT	No extra fee should be collected from the patient



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		repeat sample collections will be replaced for FREE		
6.	On NPO/Soy Feeding	Repeat collection is required 24 hours after the patient has started lactose feeding. <i>Note: Glucose water is not considered as lactose feeding</i> FREE if done under these circumstances.	Indicate the names of the patients on your next PO	No extra fee should be collected from the patient
7.	On TPN	Refer to the attached NSC-CL Memorandum 2019-011	Indicate the names of the patients on your next PO	No extra fee should be collected from the patient
8.	Outdated Card (Expired Card)	No replacement if used for sample collection For unused filter cards returned less than 3 months before the expiry date or returned after the expiry date, a fee of P15.00 will be charged per card	Immediate repeat collection is required	Fee for the repeat collection is shouldered by the NSF No extra fee should be collected from the patient
9.	Preterm, Low Birth Weight, Sick	No replacement	Repeat collection needed on the 28 th day of life If repeat collection is done before the recommended 28 th day of life, the card used is not subject for replacement. Another collection is required on the 28 th day of life If the repeat collection for the 28 th day of life is unfit (contaminated/insufficient), repeat collection is required but the card used is not subject for replacement	Fee is shouldered by the patient's family Fee for the repeat collection is shouldered by the NSF. No extra fee should be collected from the patient Fee for the repeat collection is shouldered by the NSF. No extra fee should be collected from the patient
10.	Positive G6PD Deficiency Result	No replacement	Repeat NBS sample collection is not required Patient should be referred to the nearest DOH-Accredited G6PD Confirmatory Center	If a repeat card is sent, fee is shouldered by the NSF No extra fee should be collected from the patient
11.	Unknown Data (NBS sample that lacks vital information on the card)	No replacement	Immediate repeat collection is required	Fee for the repeat collection is shouldered by the NSF No extra fee should be collected from the patient
12.	Repeat NBS collection for Data Erasures/ Missing Information/ No Feeding Information/ Incorrectly written information/ Mislabeled Cards	No replacement	Repeat collection is not required, except for multiple (4 or more) data erasures on critical information Immediately send verification letter to NSC-CL	If a repeat card is sent and/or requested, fee is shouldered by the NSF No extra fee should be collected from the patient



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13.	Repeat NBS Collection for Initial Normal Result	No replacement	Repeat collection is not required	Fee for the repeat collection is shouldered by the NSF No extra fee should be collected from the patient
14.	NBS 6-test Card	No replacement	Immediate repeat collection using ENBS card is required	Fee for the repeat collection is shouldered by the NSF No extra fee should be collected from the patient

GUIDE TO AVOID UNFIT/UNSATISFACTORY SAMPLES

CONDITION		RECOMMENDATIONS
1	Contaminated Sample	<ul style="list-style-type: none"> ✓ After cleaning the puncture site with alcohol or sterile water swab, wipe the heel of the baby with dry cotton before making a skin puncture. ✓ Do not excessively squeeze or “milk” the foot of the baby. ✓ Do not apply the blood to the absorbent paper using other devices (e.g. syringe and capillary tubes). ✓ Do not drop blood on the same spot twice. ✓ Do not drop blood on both sides of the absorbent paper. ✓ Do not touch the absorbent paper with ungloved hand. Use powder-free gloves. ✓ Do not allow the sample to be in contact with alcohol, perfume, lotion, medications, water or other substances. ✓ Ensure proper storage of the filter cards before and after sample collection.
2	Insufficient Sample	<ul style="list-style-type: none"> ✓ Ensure adequate blood supply on the area to be punctured. <ul style="list-style-type: none"> ❖ Hold the baby’s leg lower than the head ❖ Massage or gently rub the baby’s heel ❖ Warm the baby’s heel with warm towel for 3 minutes ✓ Do not be afraid to prick the baby. Push in the lancet until the stopper touches the heel of the baby. ✓ Make two punctures in close proximity. ✓ Make sure that the blood drop is big enough to saturate both sides of the absorbent paper before letting it drop to the filter card. ✓ Do not forget to release your grip on the baby’s foot. ✓ Feed the baby before the sample collection.
3	Taken <24 hours	<ul style="list-style-type: none"> ✓ Double check the date and time of baby’s birth before sample collection. ✓ Have somebody else verify the <u>date of birth</u> and <u>date of collection</u> of the baby that is written on the filter card before sending the sample.
4	Late	<ul style="list-style-type: none"> ✓ Do not send samples in batches. ✓ Send the samples immediately after drying.
5	On Blood Transfusion	<ul style="list-style-type: none"> ✓ Collect blood sample before transfusing any blood component if possible. ✓ Follow the attached BT protocol for repeat collections. ✓ Wait for the call of the NSC-CL Unsatisfactory Recall Nurse regarding the schedules of repeat collection to avoid taking



		invalid samples.
6	On NPO/TPN/Soy	✓ Follow the attached protocol for NPO/TPN/SOY.
7	Outdated Card	<ul style="list-style-type: none"> ✓ Always check the expiry date printed on the filter card. ✓ Utilize NBS filter cards that were purchased first before using newly purchased kits as they tend to have earlier expiry dates.
8	Unknown Data	✓ Check the completeness of information written on the filter card before sending.
9	Data Erasures/Mislabeled	<ul style="list-style-type: none"> ✓ Avoid writing the wrong patient information on the filter card. ✓ Double check the information on the patient's chart before transcribing it to the filter card.
10	Missing Information	<ul style="list-style-type: none"> ✓ Ensure that all required fields in the filter card are correctly and completely filled out. Each information being asked in the filter card is crucial in the interpretation of results. ✓ Do not forget to tick the A.M. or P.M. box for the time of birth and time of collection.
11	No Feeding Information	✓ Do not forget to tick the box corresponding to the proper type of feeding of the baby. This information is crucial in the interpretation of results.

H. CHANGES IN NSF INFORMATION

For changes in the name of the NBS Coordinator/designated person or any contact information, please send a letter to the NSC-CL Program Development Officer.

CONTACT PERSON:

NIKKI D. DELA CRUZ, RN
Program Development Officer

I. CONTACT DETAILS

For inquiries, please contact us through the following:

TELEPHONE NUMBER : **(045) 625-2999 ext. 3001**

MOBILE NUMBERS : **FOR PROGRAM, ADMINISTRATIVE AND ACCOUNTING CONCERNS
(0917) 820-8118 / (0908) 820-2155 / (0908) 820-0867**

**FOR PATIENT CONCERNS
(0917) 594-7859 / (0908) 820-3529 / (0908) 819-9354**

**FOR UNSATISFACTORY SAMPLES
(0908) 816-2594**

E-MAIL : **nscaufmc@gmail.com**

ADDRESS : **Newborn Screening Center – Central Luzon
11th Floor, Angeles University Foundation Medical Center
MacArthur Highway, Lourdes Sur East
Angeles City, Philippines 2009**



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BDO DEPOSIT SLIP

<b style="font-size: 2em;">BDO	Cash Transaction Slip
<input checked="checked" type="checkbox"/> Deposits <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit/ Placement <input type="checkbox"/> For Account with Deposit Reference Facility <input type="checkbox"/> Bills Payment <input type="checkbox"/> Cash Card <input type="checkbox"/> Sale <input type="checkbox"/> Reload <input type="checkbox"/> Payment <input type="checkbox"/> Loan <input type="checkbox"/> Trade <small>Machine Validation</small>	Account Name ANGELES UNIVERSITY FOUNDATION MEDICAL CENTER, INC. Account No. 001460040765 Payor's Name _____ Reference No. _____ Facility Name _____ Facility Code* _____ Company Name _____ Institution Code _____ Product Code _____ Subscriber's Name _____ Subscriber's Account No. _____ Cardholder's Name/Contact No. _____ Cash Card No. _____ Borrower's Name _____ Promissory Note No. / Trade Reference No. _____

This serves as your receipt when machine validated.

Currency <input type="checkbox"/> Peso <input type="checkbox"/> US Dollar <input type="checkbox"/> Others	Date _____																														
Use separate slip(s) for each type of transaction.																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Denomination</th> <th style="width: 20%;">Pieces</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: right; font-weight: bold;">Total Amount</td> <td> </td> </tr> </tbody> </table>	Denomination	Pieces	Amount																									Total Amount			
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Total Amount																															

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<b style="font-size: 2em;">BDO	Check Transaction Slip
<input checked="checked" type="checkbox"/> Deposits <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit/ Placement <input type="checkbox"/> For Account with Deposit Reference Facility <input type="checkbox"/> Bills Payment <input type="checkbox"/> Payment <input type="checkbox"/> Loan <input type="checkbox"/> Trade <small>Machine Validation</small>	Account Name ANGELES UNIVERSITY FOUNDATION MEDICAL CENTER, INC. Account No. 001460040765 Payor's Name _____ Reference No. _____ Facility Name _____ Facility Code* _____ Company Name _____ Institution Code _____ Product Code _____ Subscriber's Name _____ Subscriber's Account No. _____ Borrower's Name _____ Promissory Note No. / Trade Reference No. _____

This serves as your receipt when machine validated.

Currency <input type="checkbox"/> Peso <input type="checkbox"/> US Dollar <input type="checkbox"/> Others <input type="checkbox"/> Local <input type="checkbox"/> On-us <input type="checkbox"/> MC/DD <input type="checkbox"/> Others	Date _____																														
Use separate slip(s) for each type of transaction.																															
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Bank/Branch	Check No.	Amount																													
Total Amount																															

VO32018


*If your facility code is less than four digits, kindly add the number 0 before your code to complete the four-digit number required



LANDBANK DEPOSIT SLIP

ONCOLL PAYMENT SLIP

This is your receipt when machine validated

 LAND BANK OF THE PHILIPPINES ONCOLL PAYMENT SLIP		Date
Please check the appropriate mode of payment. <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit from Account		
MERCHANT/AGENCY DEPOSIT ACCOUNT NUMBER <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 1522222000 </div>		MERCHANT/AGENCY NAME ANGELES UNIVERSITY FOUNDATION MEDICAL CENTER, INC.
Reference Number 1 Facility Name & Facility Code		Printed Name and Signature of Payor/Depositor/Representative Teller's Validation
Reference Number 2 Billing Statement No. / Purchase Order No.		
Reference Number 3 (Numeric)		
Amount		



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PNB DEPOSIT SLIP

PNB		DEPOSIT INFORMATION SLIP		
Date: _____				
Account Name ANGELES UNIVERSITY FOUNDATION MEDICAL CENTER, INC.				
Account No.				
2	0	2		
6	7	0		
0	0	0		
4	0	7		
2				
Before leaving the Teller's counter, please ensure the correctness of the Name, Account Number, Amount and other details of your transaction as validated on this receipt.				
Facility Name: _____ Facility Code: _____ Billing Statement No.: _____				
Please fill out the following				
CASH DEPOSIT _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">NO. OF CHECKS</td> </tr> <tr> <td style="text-align: center; padding: 5px;">(maximum of 10 checks only)</td> </tr> </table>		NO. OF CHECKS	(maximum of 10 checks only)
NO. OF CHECKS				
(maximum of 10 checks only)				
CHECK DEPOSIT _____				
TOTAL DEPOSIT _____				
LIST CASH BREAKDOWN HERE				
NOTES	QTY	AMOUNT		
1,000				
500				
200				
100				
50				
		TOTAL COINS		



Newborn Screening Center Central Luzon

METROBANK DEPOSIT SLIP

Metrobank <small>METROPOLITAN BANK & TRUST COMPANY</small>										DEPOSIT SLIP						
ACCOUNT NUMBER	4	3	0	7	4	3	0	0	0	8	2	9	0	CASH DENOMINATION BREAKDOWN		
ACCOUNT NAME													DENOMINATION	NO. OF PIECES	AMOUNT	
ANGELES UNIVERSITY FOUNDATION MEDICAL CENTER, INC.													1000			
<input type="checkbox"/> COLLECTION ITEM <input type="checkbox"/> OTHERS <input type="checkbox"/> POSTDATED CHECK <input type="checkbox"/> SUBJECT TO LATER VERIFICATION (For Deposit Pick-up Only)													500			
PLEASE USE ONE FORM FOR EACH CURRENCY, TYPE OF DEPOSIT OR CHECK TYPE. THIS IS ACCEPTED SUBJECT TO THE TERMS AND CONDITIONS COVERING THIS ACCOUNT. CHECKS ACCEPTED/RECEIVED FOR COLLECTION WILL BE CREDITED TO YOUR ACCOUNT ONLY UPON RECEIPT OF PROCEEDS. PLEASE DO NOT LEAVE YOUR DEPOSIT WITHOUT WITNESSING THE ACTUAL COUNTING AND VALIDATION BY THE TELLER.													200			
Facility Name: _____ Facility Code: _____ Billing Statement No.: _____ <div style="text-align: center; font-size: small;">THIS IS YOUR RECEIPT WHEN MACHINE VALIDATED</div>													100			
Name of Depositor/Representative													50			
Address of Depositor/Representative													20			
Date													COINS			
Approved By													TOTAL CASH DEPOSIT ▶			
													CHECK DEPOSIT			
													PLEASE LIST EACH CHECK AND ENDORSE PROPERLY. KINDLY MARK WITH (✓) 'ODD/OE/D' COLUMN IF CHECK DEPOSIT MADE IS IN THE FORM OF CASHIER'S CHECK/GIFT CHECK OR LOCAL DEMAND DRAFT			
													BANK BRANCH	CHECK NO.	CHECK NUMBER	AMOUNT
													TOTAL CHECK DEPOSIT ▶			
													TOTAL DEPOSIT ▶			

MB-DEP-1.2/ Nov '16



Newborn Screening Center-Central Luzon
 Angeles University Foundation Medical Center
 MacArthur Highway, Lourdes Sur East, Angeles City 2009
 Tel. No. (045) 625-2999 Ext. 3001
 Email: nscaufmc@gmail.com

PURCHASE ORDER FORM

*FACILITY NAME _____
 *ADDRESS _____
 *CONTACT NUMBER _____

*PURCHASE ORDER NO. _____
 *DATE _____
 *FACILITY CODE _____

PLEASE FURNISH THE FOLLOWING ARTICLES/SERVICES

DESCRIPTION	*QUANTITY	UNIT PRICE	*TOTAL AMOUNT
<input type="checkbox"/> EXPANDED NBS COLLECTION KIT (Filter Card, Lancet, Transmittal Form, ENBS Pink Brochure)		P 1,750.00	
<input type="checkbox"/> EXTRA ENBS POSTER/S		P 20.00	
<input type="checkbox"/> EXTRA ENBS BROCHURES (Minimum of 10 brochures)		P 1.00	
<input type="checkbox"/> EXTRA BLOOD LANCET		P 3.00	
<input type="checkbox"/> ADDITIONAL DRYING RACK (Maximum of 1 pc. per year)		NO CHARGE	
TOTAL:			

NOTE: THE MINIMUM ALLOWABLE QUANTITY OF KITS PER PURCHASE ORDER IS **FIVE (5) EXPANDED NBS COLLECTION KITS.**

TERMS	DELIVERY DATE	Note:
60 DAYS - PHILHEALTH	7 WORKING DAYS	(a) TERM OF PAYMENT STARTS FROM THE BILLING STATEMENT DATE. (b) PARTIAL PAYMENT IS NOT ACCEPTED.

FILTER CARD REPLACEMENT/S			
NAME OF PATIENT/S	DATE OF BIRTH	FILTER CARD NUMBER	REASON FOR REPLACEMENT
1			
2			
3			
4			
5			

Note: (a) FOR MORE THAN 5 REPLACEMENTS, KINDLY USE ANOTHER SHEET OF PAPER AS ATTACHMENT (PLEASE FOLLOW THE FORMAT ABOVE).
 (b) THE REPLACEMENT CARDS WILL BE SENT TOGETHER WITH YOUR NEXT ORDER IF THEY ARE LESS THAN TWENTY (20).
 (c) IF REPLACEMENT CARDS ARE MORE THAN TWENTY (20), THEY WILL BE SENT IMMEDIATELY TO YOUR HEALTH FACILITY.
 (d) PLEASE REFER TO THE NSC-CL ADMINISTRATIVE MECHANICS FOR THE COMPLETE GUIDELINES ON FILTER CARD REPLACEMENT.

*MODE OF DELIVERY (Please put a CHECK [v] MARK)	
___ COURIER <input type="checkbox"/> LBC <input type="checkbox"/> ABEST <input type="checkbox"/> 2GO <input type="checkbox"/> AIR21 <input type="checkbox"/> JRS <input type="checkbox"/> DHL <input type="checkbox"/> STATDelivery DELIVER TO: _____	___ FOR PICK-UP (11:00 AM CUT-OFF TIME, 3:00 PM PICK-UP TIME)

*REQUESTED BY:	*APPROVED BY:	*NOTED BY:
SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
POSITION	POSITION	POSITION

ALL FIELDS WITH * ARE REQUIRED



Newborn Screening Center
Central Luzon

REQUEST FOR FILTER CARD REPLACEMENT

FACILITY NAME: _____

FACILITY CODE: _____

DATE: _____

	NAME OF PATIENT/S	DATE OF BIRTH	FILTER CARD NUMBER	REASON FOR REPLACEMENT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

REQUESTED BY: _____
(Signature over printed name)

APPROVED BY: _____
(Signature over printed name)

CONTACT NUMBER: _____

Note: THE REPLACEMENT CARDS WILL BE SENT TOGETHER WITH YOUR NEXT ORDER IF THEY ARE LESS THAN TWENTY (20).
IF REPLACEMENT CARDS ARE MORE THAN TWENTY (20), THEY WILL BE SENT IMMEDIATELY TO YOUR HEALTH FACILITY.
PLEASE REFER TO THE NSC-CL ADMINISTRATIVE MECHANICS FOR THE COMPLETE GUIDELINES ON FILTER CARD REPLACEMENT.




Newborn Screening Center - Central Luzon

Angeles University Foundation Medical Center, MacArthur Highway, Angeles City

DATE : April 30, 2020

TO : CHIEF OF HOSPITAL/MEDICAL DIRECTOR/NBS COORDINATOR

FROM :  **BERNADETTE HALIL-MENDOZA, MD, FPPS**
Unit Head

Memorandum 2020-007	NEW PROTOCOL FOR LATE SAMPLES
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As per the recommendations of the Newborn Screening Reference Center (NSRC) based on the review of data they conducted on late samples received from 2018 to 2019, below is the new protocol for samples received in the Newborn Screening Center – Central Luzon (NSC-CL) that are **more than fourteen days (>14 days)** from the date of collection in the Newborn Screening Facilities (NSF). The protocol shall be effective for samples collected starting **March 13, 2020 onwards**.

CONDITION	RESULT TO BE RELEASED	ACTION
The sample is >14 days from the time of collection in the NSF to the time of receipt in NSC-CL and the result of all disorders upon testing is <u>WITHIN NORMAL LIMITS.</u>	Normal	No need for repeat collection
The sample is >14 days from the time of collection in the NSF to the time of receipt in NSC-CL and the result of G6PD Deficiency/ Biotinidase Deficiency upon testing is <u>OUTSIDE NORMAL LIMITS.</u>	Unsatisfactory Sample (LATE)	Repeat collection is required.
The sample is >14 days from the time of collection in the NSF to the time of receipt in NSC-CL and the result of Hemoglobinopathies upon testing is <u>OUTSIDE NORMAL LIMITS.</u>	Results will be released based on the current algorithm of the laboratory.	Follow the instructions to be given by the NSC-CL Follow-up Nurse

Late samples collected from March 13, 2020 whose initial results (Unsatisfactory Sample - Late) were already released, a second copy of result (Normal) shall be issued provided that the results are within normal limits.

If samples will be stored in the NSFs for a longer period of time during the quarantine period, the suggestion of the Newborn Screening Reference Center is that after drying (minimum of 4 hours), the samples must be **wrapped individually** in a clean sheet of paper, **placed in a sealed plastic container** (e.g. zip lock) and preferably stored in a regular **refrigerator freezer** (with temperature of -10°C to -20°C), preferably with desiccant to prevent buildup of moisture. As soon as means to transport sample is available, send the samples immediately to NSC-CL.

THIS IS APPLICABLE ONLY FOR THE PERIOD OF THE ENHANCED COMMUNITY QUARANTINE.



Newborn Screening Center - Central Luzon

Angeles University Foundation Medical Center, MacArthur Highway, Angeles City

The update in the protocol, however, should not undermine the need for NSFs to endeavor **timely collection (immediately after 24 hours from birth)** and sending of samples after drying or as soon as transport means becomes available. This is to ensure early identification, treatment and management of patients who will screen positive for the disorders in the Expanded NBS panel. Late collection and sending of Newborn Screening samples may lead to late diagnosis and late treatment which can cause serious complications to the affected babies.

For patients affected with the disorders in the ENBS panel, it is imperative that management be provided before the **best time to treat** lapses in which irreversible complications may start to manifest. Below is the table for each group of disorders and their corresponding outcomes if affected babies were not screened and treated on time.

DISORDER	BEST TIME TO TREAT	OUTCOME IF NOT SCREENED/ TREATED ON TIME
Congenital Hypothyroidism	< 2 weeks	Mental Retardation
Congenital Adrenal Hyperplasia	7 days	Death
Phenylketonuria	<2 weeks	Mental Retardation
Galactosemia	<2 week	Death, Cataract
G6PD deficiency	Avoid trigger agents for hemolysis	Kernicterus, Hemolytic Anemia
Maple Syrup Urine Disease	4-5 days	Death
Cystic Fibrosis	Before 4 weeks	Frequent Infection
Biotinidase Deficiency	Before 2 weeks	Mental Retardation/Death
Amino Acid Disorders	Before 1 week	Mental retardation, Seizures, Death
Organic Acid Disorders	Before 1 week	Developmental Delay, Death
Fatty Acid Disorders	Before 1 week	Developmental Delay, Sudden death
Urea Cycle Disorders	Before 1 week	Mental Retardation, Seizures, Death

For inquiries and concerns, you may contact us at 0917-8208118 / 0933-8648868 / 0933-8163730 or email us at nscaufmc@gmail.com.

Thank you very much for your continued support of the Newborn Screening Program. Together, let us work hand in hand and save more babies from mental retardation and death.

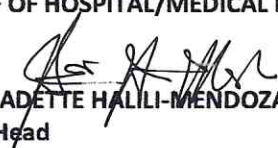


Newborn Screening Center - Central Luzon

Angeles University Foundation Medical Center, MacArthur Highway, Angeles City

DATE : May 31, 2019

TO : CHIEF OF HOSPITAL/MEDICAL DIRECTOR/NBS COORDINATOR

FROM :  **BERNADETTE HALILI-MENDOZA, MD, DPPS**
Unit Head

Memorandum 2019-011 CLARIFICATIONS ON RELEASING RESULTS OF PATIENTS ON NPO and TPN

Please be informed on the clarifications regarding the protocol on the release of results of patients on NPO and TPN as per recommendation of the Experts Committee on Metabolic Disorders effective **June 1, 2019**.

TEST	CONDITION DURING THE COLLECTION OF INITIAL SAMPLE	WHEN TO DO REPEAT SAMPLE COLLECTION
Amino Acid Disorders Fatty Acid Oxidation Disorders Organic Acidurias Urea Cycle Disorders Galactosemia	Newborn was on NPO	<ul style="list-style-type: none"> Repeat sample collection 24 hours after the initiation of lactose containing formula feeding/breastfeeding
Amino Acid Disorders Fatty Acid Oxidation Disorders Organic Acidurias Urea Cycle Disorders	Newborn was on NPO and TPN. Newborn feeding WITHOUT LACTOSE-CONTAINING FORMULA FEEDING or NOT BREASTFEEDING.	<ul style="list-style-type: none"> If there are no abnormal findings on the initial sample, repeat sample collection 24 hours after the initiation of lactose containing formula feeding/breastfeeding If initial result is ELEVATED, repeat sample collection 48 hours OFF TPN
Galactosemia	Newborn was on NPO and TPN. Newborn feeding WITHOUT LACTOSE-CONTAINING FORMULA FEEDING or NOT BREASTFEEDING	<ul style="list-style-type: none"> Repeat sample collection 24 hours after the initiation of lactose containing formula
Amino Acid Disorders Fatty Acid Oxidation Disorders Organic Acidurias Urea Cycle Disorders	Newborn was on TPN and ON LACTOSE FORMULA FEEDING or BREASTFEEDING.	<ul style="list-style-type: none"> If there are no abnormal findings on the initial sample, NO REPEAT SAMPLE COLLECTION NEEDED If initial result is ELEVATED repeat sample collection 48hrs OFF TPN

NOTE: Soy feeding and glucose water are NOT considered lactose-containing feeding.

Please be guided accordingly.

For inquiries or clarifications, you may reach us at (045) 624 6571/ 09175947859/ 09338627940/50, fax us at (045) 624 6502-03 or email us at nscaufmc@gmail.com. Thank you very much for your usual support of the Newborn Screening Program.

Memorandum 2019-011 CLARIFICATIONS ON RELEASING RESULTS OF PATIENTS ON NPO and TPN



PROTOCOL ON NBS SAMPLE COLLECTION FOR BABIES UNDERGOING BLOOD TRANSFUSION

BLOOD TRANSFUSION COMPONENT	PERIOD SINCE BLOOD TRANSFUSION	DISORDERS AFFECTED BY BLOOD TRANSFUSION
Fresh Frozen Plasma (FFP), Platelet Concentrate (PC) and Albumin	<48 hours	Congenital Adrenal Hyperplasia Congenital Hypothyroidism Galactosemia, Fatty Acid Disorders, Organic Acid Disorders, Amino Acid Disorders, Urea Cycle Defects, Cystic Fibrosis, Hemoglobinopathies, Biotinidase deficiency, G6PD deficiency
	>48 hours but < 14 days	Congenital Hypothyroidism
	>14 days	None
Packed Red Blood Cells (PRBC), Fresh Whole Blood (FWB) and Exchange Transfusion	<48 hours	Congenital Adrenal Hyperplasia Congenital Hypothyroidism Galactosemia, Fatty Acid Disorders, Organic Acid Disorders, Amino Acid Disorders, Urea Cycle Defects, Cystic Fibrosis, Hemoglobinopathies, Biotinidase deficiency, G6PD deficiency
	>48 hours but <14 days	Congenital Hypothyroidism, Hemoglobinopathies, Biotinidase deficiency, G6PD deficiency
	>14 days but <120 days	Hemoglobinopathies, Biotinidase deficiency, G6PD deficiency
	>120 days	None

IMPORTANT NOTE:

The Unsatisfactory Recall Nurse will give the NSF instructions regarding the repeat sample collection schedule.