DATE : September 16, 2016

TO : Chief of Hospital/Medical Director/NBS Coordinator

FROM : Maria Elissa Veronica C. Benipayo
        Program Manager

NOTED BY : Marie Adrianne M. Salunga, MD
            Program Director

RE : NEWBORN SCREENING FACILITY ADMINISTRATIVE MECHANICS

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

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*Bank Interbranch Deposit Forms:*

- Banco de Oro
- Landbank
- Philippine National Bank

*Purchase Order Form*

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 and more power!
NEWBORN SCREENING FACILITY
ADMINISTRATIVE MECHANICS

A. ORDERING

1. USE OF PURCHASE ORDER FORM. Newborn Screening Facilities (NSFs) may use their existing purchase order forms to order NBS or ENBS 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 guided with the following reminders:

a. The following information MUST be provided in the purchase order form to avoid unnecessary delay in 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 NBS/ENBS Kits  
Note: The minimum allowable quantity of kits per purchase order is FIVE (5) NBS Collection Kits and/or 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 note where to deliver your order)  
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. Necessary changes in the purchase order information must always be communicated in written form through a letter addressed to 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 if there is an existing PAST DUE ACCOUNT. Notices of Collection with Statement of Account will be sent to your facility for further settlement of your past due accounts.
2. **MODES OF ORDERING.** Orders may be made through any of the following modes:

<table>
<thead>
<tr>
<th>MODE OF ORDERING</th>
<th>INSTRUCTION</th>
</tr>
</thead>
</table>
| a. Fax          | a.1 Send the accomplished purchase order form via fax to **(045) 624 6503**  
Contact Person: **Joann Dizon, Admin. Asst. (Purchasing)**  
|                  | a.2 Verify receipt at **(045) 624 6571/(045) 624 6502**  
Contact Person: **Joann Dizon, Admin. Asst. (Purchasing)**  |
| b. E-mail       | b.1 Scan the purchase order form and send to **nscaufmc@gmail.com**  
|                  | b.2 Verify receipt at **(045) 624 6571/(045) 624 6502**  
Contact Person: **Joann Dizon, Admin. Asst. (Purchasing)**  |
| c. Courier or mail | c.1 Send the accomplished purchase order as a single item or together with the specimen.  
|                  | c.2 Send your order to this address:  
Newborn Screening Center - Central Luzon  
MacArthur Highway, Brgy. Salapungan  
Angeles City 2009  
|                  | c.3 Our Admin. Asst. (Purchasing) will verify your order by phone upon receipt.  |
| d. Walk-in       | d.1 Proceed to this address:  
Newborn Screening Center- Central Luzon  
MacArthur Highway, Brgy. Salapungan  
Angeles City 2009  |

**B. DELIVERY**

1. **NBS/ENBS Collection Kits** will be delivered through your preferred courier. Allow **3-7 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 ordered NBS/ENBS Collection Kits were not received within 7-10 working days.*

2. If you prefer to pick-up your NBS/ENBS Collection Kits, these may be released according to the schedule below:

<table>
<thead>
<tr>
<th>TIME OF RECEIPT OF PURCHASE ORDER</th>
<th>SCHEDULE OF RELEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00am - 11:00am</td>
<td>3:00pm of the same day</td>
</tr>
<tr>
<td>11:00am - 5:00pm</td>
<td>3:00pm of the next working day</td>
</tr>
</tbody>
</table>

*Note: If you fail to pick up your order on the specified date, it will automatically be sent through courier.*

3. The original **Billing Statement** will accompany your ordered NBS/ENBS Collection Kits. Original Official Receipts will be attached after the payment has been made.

4. If there is any discrepancy in the delivery of your order, please inform the Administrative Assistant (Purchasing) of the NSC-CL within the day the order was received. **Failure to report any discrepancy will mean that the order was 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 Newborn Screening Facility (NSF) to pay the ordered NBS/ENBS Collection Kits.

   Terms of Payment   :   45 DAYS for Non-PhilHealth Accredited NSFs
                         60 DAYS for PhilHealth Accredited NSFs

   **Note:**
   (a) For Philhealth Accredited Newborn Screening Facilities (NSFs), please send a copy of your PHILHEALTH CERTIFICATE OF ACCREDITATION to the NSC-CL.
   (b) Term of payment starts from the BILLING STATEMENT DATE.
   (c) Partial payment is not accepted. Please refer to Terms of Payment.

2. MODES OF PAYMENT. Payment may be made through any of the following methods:

   a. WALK-IN

      a.1 Direct Payment may be made to the NSC-CL cashier by either cash or check

      Please make all checks payable to:

      ANGELES UNIVERSITY FOUNDATION MEDICAL CENTER, INC.

      Note: NSC-CL Cashier is located at the Billing Section, First Floor of Angeles University Foundation Medical Center.

      BILLING STATEMENT/PURCHASE ORDER shall be presented as reference upon payment. Kindly proceed to NSC-CL and provide the Accounting Assistant a photocopy of the Official Receipt for faster posting of payment in your account.

   b. BANK TRANSFERS

      b.1 Banco De Oro Deposit Facility

      The Deposit Slip should contain the following information:

      i. Date:
      ii. Account Number: 1460040765
      iii. Account Name: Angeles University Foundation Medical Center, Inc.
      iv. Name of Depositor:
      v. Reference Number:

      **NOTE:** Your Facility code shall serve as your REFERENCE NUMBER in paying your accounts through BDO.

      ▪ 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: 1099

      ▪ If your facility code is less than four digits, kindly add the number 0 before your facility code to complete the four digit number required. See example below:
b.2 Landbank of the Philippines Online Collection Facility

The Deposit Slip should contain the following information:

i. Date:

ii. Account Number: 1522-222-000

iii. Account Name: AUFMC, INC.

iv. Reference Number 1: <NSF/Facility Name>&<NSF/Facility Code>

v. Reference Number 2: <Billing Statement Number>

vi. Name of Depositor:

b.3 Philippine National Bank Deposit Facility

The Deposit Slip should contain the following information:

i. Date:

ii. Account Number: 437600500039

iii. Account Name: AUF Medical Center, Inc.

iv. Name of Representative: <NSF/Facility Name>&<NSF/Facility Code>

v. Relationship of Representative to Depositor: <PO Number>/ <Billing Statement Number>

vi. Name of Depositor:

3. Accounts settled after the given terms 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.

4. A photocopy or fax machine validated deposit slip MUST be sent to the NSC-CL for efficient posting of payment and issuance of official receipts.

5. The original official receipt will be issued and sent along with the Billing Statement in ordered NBS/ENBS Collection Kits 1-2 weeks upon receipt /deposit of payment. For immediate request of official receipts, please write us a letter addressed to DR. MARIE ADRIANNE M. SALUNGA, PROGRAM DIRECTOR, NSC-CL.

D. SENDING NBS SAMPLES TO NSC-CL

You may send your Newborn Screening (NBS) samples using the following couriers:

1. NAME OF COURIER : FEDEX/AIR21
   ACCOUNT NUMBER : 1000015637
   CONTACT NUMBERS : 499-1262/599-2902 (Alternate Contact Nos.)
                      599-2800/599-2801 (Hotline)

2. NAME OF COURIER : LBC
   ACCOUNT NUMBER : 20100910
   CONTACT NUMBERS : (045) 892-0673/(0922) 852-0936
3. **NAME OF COURIER**: DHL (WWW Express)  
**ACCOUNT NUMBER**: 642213422  
**CONTACT NUMBERS**: (045) 873-8888 local 8999/ (045) 636-4564/(045) 861-9895

4. **NAME OF COURIER**: 2GO  
**ACCOUNT NUMBER**: 2010356892  
**CONTACT NUMBER**: (045) 625-4716

5. **NAME OF COURIER**: ABEST Express, Inc.  
**ACCOUNT NUMBER**: NB1  
**CONTACT NUMBERS**: (045) 892-0380/ (045) 625-5881/ (045) 887-2283

The protocol for sending NBS samples using courier are as follows:

   a. Use the courier’s SMALL POUCH for sending NBS samples.
   b. To request for pick up, contact the courier’s main office or nearest branch and specify account number and account name of NSC-CL.
   c. Answer all inquiries regarding contact details and addresses. Ensure that the Newborn Screening Coordinator/Representative personally secures the NBS samples in the pouch and fills in required information.
   d. Upon booking, ask for the reference number for tracking purposes. Ask the courier branch regarding corresponding booking and pick up cut-off time for your reference.
   e. Fill out the airway bill for shipper’s details and NSC-CL is the consignee. Do not forget to write the account number of NSC-CL and tick the box “bill consignee”.
   f. The request for airway bills and small pouches is coordinated with the nearest courier branch. Please request for these ahead of time to allow for preparation and distribution.

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 all Newborn Screening Facilities 7 to 14 working days from the time the NBS sample was received at the NSC-CL.

2. Only NBS results with elevated/positive screen (for repeat and confirmatory testing) will be faxed and followed up by the follow-up nurses of the NSC-CL by phone immediately. A hard copy will be sent to the facility via fax and courier.

   CONTACT PERSONS:

   **MARIA REGINA C. YUTUC, RN - Follow-Up Officer**  
   **DON EXEQUIEL Q. SANTOS, RN - Follow-Up Nurse**  
   Contact Number: (045) 625-0273 / (045) 625-0272

3. For unfit samples such as contaminated and insufficient; unsatisfactory samples such as no feeding, missing information, less than 24 hours, and late receipt of sample, the NSC-CL will immediately inform the NBS Coordinator within 24 hours. A hard copy will be sent to the facility via fax and courier.

4. Patient’s Copy of the result must be claimed at the respective Newborn Screening Facility. Please inform your patients that **NO RESULTS WILL BE CLAIMED OR RELEASED AT THE NSC-CL**. Your health facility should designate one person to handle receiving and issuance of all NBS results. **REQUEST FOR SECOND COPY OF RESULT** will require a LETTER addressed to the Program Manager of the NSC-CL and will be subject for approval.
NOTE: In case of changes in name of NBS Coordinator/designated person or hospital department to address the NBS results, kindly send a letter to the Project Development Officer of the NSC-CL.

CONTACT PERSON:

NIKKI D. DELA CRUZ, RN
Project Development Officer

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 (with printed name and signature) letter from the Overall 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.

Note: This rule also applies to modification of incorrectly written date/time of birth and date/time of collection.

DO NOT USE ANOTHER FILTER CARD TO RELAY MISSING INFORMATION OR FEEDING HISTORY. ANY INCOMPLETE INFORMATION WILL CAUSE DELAY IN RELEASING OF RESULTS.

6. Proper Documentation of Data

Please use the guide below for recording all pertinent data of your patients before sending the blood sample to the NSC-CL. This will help you check the completeness of the information on the filter card to avoid having a result of no feeding, missing information and data erasures.

The logging of filter card number will help you facilitate the process of Philippine Health Insurance Corporation (PHIC) requirements for newborn care package claims.

Mother’s Name | Date and Time of Birth | Date and Time of Collection | Sex | Birth Weight (in g) | Age of Gestation (in wks) | Feeding | Filter Card No. | Pick Up No. and Waybill No. | Date Sent | Address | Contact Number | Result | Date Received | Claimed By | Date Claimed

7. Request for Card Replacement

The card replacement is free and is shouldered by the NSC-CL for the following reasons only:
- Insufficient blood samples
- Contaminated samples
- Positive initial screen for CAH, CH, Gal, PKU, MSUD and ENBS Disorders
- <24 hours
- Late

REMINDER: Include the names of patients and reason for replacement (e.g. Contaminated, etc.) on your next Purchase Order.

NOTE:
- The replacement cards will be sent together with your next order if they are less than 20.
- If replacement cards are more than 20, they will be sent immediately to your health facility.
- Filter cards will be replaced only if NSC-CL has received the “used” cards.
Replacement rules are subject to change.

Below is a card replacement matrix as your guide.

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>REPLACEMENT</th>
<th>PROCEDURE</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Elevated Result</td>
<td>FREE</td>
<td>Indicate the names of the patients on your next PO</td>
<td>No extra fee should be collected from the patient</td>
</tr>
<tr>
<td>2 Contaminated Samples</td>
<td>FREE (as per evaluation of laboratory) on the first repeat only</td>
<td>Indicate the names of the patients on your next PO</td>
<td>No extra fee should be collected from the patient</td>
</tr>
<tr>
<td>3 Insufficient Samples</td>
<td>FREE (as per evaluation of laboratory) on the first repeat only</td>
<td>Indicate the names of the patients on your next PO</td>
<td>No extra fee should be collected from the patient</td>
</tr>
<tr>
<td>4 Taken &lt;24 hours</td>
<td>FREE on the first repeat only</td>
<td>Indicate the names of the patients on your next PO</td>
<td>No extra fee should be collected from the patient</td>
</tr>
<tr>
<td>5 Late (sample got to lab &gt;14 days from sample collection date)</td>
<td>FREE on the first repeat only</td>
<td>Indicate the names of the patients on your next PO</td>
<td>No extra fee should be collected from the patient</td>
</tr>
<tr>
<td>6 On BT</td>
<td>2 repeat collections are necessary (2 days post BT and 120 days post BT). Both will be replaced for FREE.</td>
<td>Indicate the names of the patients on your next PO, please indicate if 1st repeat for post BT or 2nd repeat for post BT</td>
<td>No extra fee should be collected from the patient</td>
</tr>
<tr>
<td>7 On NPO/TPN/Soy</td>
<td>Repeat collection needed once patient is on lactose-containing milk. FREE if done under these circumstances.</td>
<td>Indicate the names of the patients on your next PO</td>
<td>No extra fee should be collected from the patient</td>
</tr>
</tbody>
</table>
To avoid the inconvenience of recalling a patient due to items # 2-7, below are some suggestions:

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contaminated Samples</td>
<td>Always refer to the spot check poster.</td>
</tr>
<tr>
<td></td>
<td>Avoid layering. Avoid dropping another blood on top of another just to satisfy the circles. You can drop another blood on any area on the white strip of the absorbent part. Avoid using capillary tube.</td>
</tr>
<tr>
<td></td>
<td>Ensure samples are air dried properly for at least 4 hours, avoid smearing or touching the blood with bare hands.</td>
</tr>
<tr>
<td>2 Insufficient Samples</td>
<td>Always refer to the spot check poster.</td>
</tr>
<tr>
<td></td>
<td>Make sure that the blood soaks through the card (check the back of the filter card). Make sure that the size of the specimen is enough for testing. The laboratory needs at least 8-hole punches (3mm in diameter per punch) for testing.</td>
</tr>
<tr>
<td>3 Taken &lt;24 hours</td>
<td>Samples ideal for testing are taken at least 24 hours after birth.</td>
</tr>
<tr>
<td></td>
<td>Ensure that time and date of birth and collection entries on the filter card follow the dd/mm/yy format and tick if it is AM or PM.</td>
</tr>
<tr>
<td>4 Late for collection</td>
<td>Considered late for collection are samples that arrive at the laboratory more than 14 days from date of sample collection. Results are unreliable. Make sure that samples are sent immediately after they have been air dried for 4 hours. DO NOT BATCH SAMPLES.</td>
</tr>
<tr>
<td>5 Missing information</td>
<td>Make sure that all data in the filter card are filled in prior to sending of blood samples.</td>
</tr>
<tr>
<td>6 No feeding</td>
<td>Please check/tick the number corresponding to the type of feeding given and double check the data before sending the blood samples.</td>
</tr>
<tr>
<td>7 On BT</td>
<td>Collect blood sample before transfusing any blood components.</td>
</tr>
<tr>
<td>8 On NPO/TPN/Soy</td>
<td>Perform blood collection before putting baby on NPO/TPN/Soy (if possible). Lactose feeding is necessary for the interpretation and analysis of GAL,PKU and MSUD.</td>
</tr>
</tbody>
</table>

F. CONTACT DETAILS

For inquiries, please contact us through the following:

TEL. NO. : (045) 624-6571
FAX NO. : (045) 624-6503
MOBILE NOS. : (0917) 820-8118/ (0918) 962-1084/ (0922) 844-2309
E-MAIL : nscaufmc@gmail.com
BDO DEPOSIT SLIP

Reference Number = 4-digit Hospital Code
*If your hospital code is less than four digits, kindly add the number 0 before your hospital code to complete the four digit number required

Angeles University Foundation Medical Center, Inc.
PNB DEPOSIT SLIP

ACCOUNT NUMBER: 43760500039
ACCOUNT / MERCHANT'S NAME: AUF Medical Center, Inc.
**PURCHASE ORDER FORM**

**Newborn Screening Center-Central Luzon**  
MacArthur Highway, Brgy. Salapungan, Angeles City 2009  
Trunk line No. (045) 624 6571, Telefax Nos. (045) 624 6502-03  
Email: nscaufmc@gmail.com

*FACILITY NAME*  
__________________________________________________________

*ADDRESS*  
__________________________________________________________

*CONTACT NUMBER*  
__________________________________________________________

*PURCHASE ORDER NO.*  
_____________________

*DATE*  
_____________________

*FACILITY CODE*  
_____________________

**PLEASE FURNISH THE FOLLOWING ARTICLES/SERVICES**

<table>
<thead>
<tr>
<th>UNIT</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>QUANTITY</th>
<th>TOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC.</td>
<td>NBS COLLECTION KIT (Filter Card, Lancet, Transmittal Form, NBS Pink Brochures)</td>
<td>₱550.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PC.</td>
<td>EXPANDED NBS COLLECTION KIT (Filter Card, Lancet, Transmittal Form, NBS Pink Brochures)</td>
<td>₱1,500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PC.</td>
<td>EXTRA NBS POSTER/S</td>
<td>₱10.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PC.</td>
<td>EXTRA NBS BROCHURES (Minimum of 10 brochures)</td>
<td>₱1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PC.</td>
<td>ADDITIONAL DRYING RACK (Maximum of 1 pc. per year)</td>
<td>NO CHARGE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL:**

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

**TERMS**

<table>
<thead>
<tr>
<th>DELIVERY DATE</th>
<th>Note:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>45 DAYS -NON PHILHEALTH</td>
<td>(a) FOR PHILHEALTH ACCREDITED NEWBORN SCREENING FACILITIES (NSFs), PLEASE SEND A COPY OF YOUR PHILHEALTH CERTIFICATE OF ACCREDITATION TO NSC-CL.</td>
<td></td>
</tr>
<tr>
<td>60 DAYS - PHILHEALTH</td>
<td>(b) TERM OF PAYMENT STARTS FROM THE BILLING STATEMENT DATE.</td>
<td></td>
</tr>
<tr>
<td>7 WORKING DAYS</td>
<td>(c) PARTIAL PAYMENT IS NOT ACCEPTED.</td>
<td></td>
</tr>
</tbody>
</table>

**FILTER CARD REPLACEMENT/S**

<table>
<thead>
<tr>
<th>NAME OF PATIENT/S</th>
<th>REASON FOR REPLACEMENT</th>
<th>NAME OF PATIENT/S</th>
<th>REASON FOR REPLACEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>7</td>
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<td>3</td>
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<td>5</td>
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<td>10</td>
<td></td>
</tr>
</tbody>
</table>

**MODE OF DELIVERY**

* **LBC**  **ABEST**  **2GO**  **AIR21**  **JRS**  **DHL**

**FOR PICK-UP**

(11:00 AM CUT-OFF TIME, 3:00 PM PICK-UP TIME)

**REQUESTED BY:**

* **SIGNATURE OVER PRINTED NAME**  **POSITION**

**APPROVED BY:**

* **SIGNATURE OVER PRINTED NAME**  **POSITION**

**NOTED BY:**

* **SIGNATURE OVER PRINTED NAME**  **POSITION**

**ALL FIELDS WITH * ARE REQUIRED**

POF-009_NSCCL