



Newborn Screening Center - Central Visayas

Eversley Childs Sanitarium & General Hospital

Upper Jagobiao Road, Jagobiao, Mandaue City, Cebu 6014

Tel No: (032) 272 3036/265 5099

email: nscvcebu@gmail.com



Date: March 21, 2023

To: The Medical Director/Administrator/Chief of Hospital/Newborn Screening Coordinator, Purchasing, Accounting and Finance Department.

From: Ivy Julyn S. Conde, RN, MAN
Program Manager

Noted: Alberto Y. Solis Jr., MD, FPPS
Unit Head

Re: **2023 NSC-CV Administrative Mechanics,
Kits Procurement, Results Releasing and Filter Card
Replacement Guidelines.**



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Newborn Screening Center – Center Visayas (NSCCV) now offers Expanded Newborn Screening. We look forward to your unflinching support for the National Comprehensive Newborn Screening System to bring hope for a healthier life to all the newborns.

This document is for the guidance and compliance of our covered Newborn Screening Facilities (NSF) thru the Protocols, Guidelines and Administrative Mechanics of the NSCCV.

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I. MODE OF PROCUREMENT

1. **Ordering** – All purchase orders for the Newborn Screening (NBS) Blood Sample Collection Kits from all the NSFs under Region VII shall be addressed to:

Newborn Screening Center – Central Visayas
Eversley Childs Sanitarium and General Hospital
Outpatient Building (Basement Area)
Upper Jagobiao Road, Jagobiao, Mandaue City, Cebu 6014

2. **Duly Accomplished Purchase Order Form** – Government NSFs may continue to utilize their existing official Purchase Order (PO) form and follow their own PO numbers. Private NSFs may use the official NSC-CV Purchase Order form as provided (*please see NSC-CV PO form included*).

Completely fill-up the PO Form. The following information are considered IMPORTANT and should be provided for smooth processing of PO requests to avoid interruption or delays in the transaction.

- **Facility Name and Code**
- **Facility Address**
- **Active Contact Number**
- **Purchase Order Number**
- **Purchase Order Date**
- **Mode of Delivery** (Note: Please choose a courier provider and specify the address of the facility. For branch pick-up, please specify name of the branch)
- **Quantity of ENBS Kits**
- **Total Amount**
- **Authorized signatories for Requested by, Approved by and Noted by portions.**



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3. ENBS Specimen Collection Kit – The minimum allowable order per PO is five (5) ENBS Kits.

Each ENBS Blood Sample Collection Kit comprises of

- Filter Card
- Transmittal Form
- Blood Lancet
- NBS Pink Brochure

ENBS Blood Sample Collection Kit Cost **Php 1,750.00**

4. Send duly signed and approved Purchase Order through the following:

MODE	INSTRUCTION	
EMAIL	❖ Scan duly signed and approved PO and send to nscvcebu@gmail.com or nscvpo@gmail.com .	
COURIER	❖ PO may be sent together with the specimen / payment to this address: Newborn Screening Center – Central Visayas Eversley Childs Sanitarium and General Hospital Outpatient Building (basement area) Upper Jagobiao Road, Jagobiao, Mandaue City, Cebu 6014	
WALK – IN	❖ NOTE: NSFs are advised to inform Newborn Screening – Central Visayas via phone call, text message, or e-mail a day before pick-up of ordered kit.	
	❖ NSF personnel are encouraged to present a valid identification card upon claim of ordered ENBS Kit.	
	TIME OF WALK – IN	RELEASE OF ENBS KITS
8:00 am to 11:00 am	3:00 pm of the same day	
1:00 pm to 5:00 pm	3:00 pm of the next working day	



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5. **On-hold Purchase Order** – Purchase Orders may be placed on hold due to the following reasons:
 - **Unsettled Account** – Succeeding PO will automatically be put to halt when there are 3 or more orders left unsettled. Notice of collection and Statement of Account will be sent to NSF for further reconciliation of existing balance.
 - **Incomplete and/or Incorrect Information** – Necessary corrections (incomplete information) to the PO should be communicated through a phone call or letter addressed to NSCCV Unit Head, Accountant, or Administrative Officer.
6. **Three Outstanding Purchase Order Policy** – NSC-Central Visayas may allow NSF to have a maximum of three (3) unpaid POs, due or not. Succeeding orders are put to halt until settlement of at least one (1) PO has been made, preferably the earliest unpaid PO.

II. DELIVERY

1. **Transit Time** – Orders will be delivered within seven (7) working days upon receipt of Purchase Order. NSF will be notified if there are changes in the delivery schedule.
2. **Mode of Delivery** – Ordered ENBS Kits are sent via Official Courier Service Providers or may be picked-up at NSC – Central Visayas (*see schedule of release for ENBS Kits*)
3. **Official Courier Service Providers** – NSC Central Visayas partners with its own official courier service providers: **Errandboy.ph, JRS Express, LBC, and PhilPost.**
4. **Statement of Account & Billing Statement** – The official Statement of Account and Billing Statement are sent together with the purchased ENBS Kit/Supplies.
Note: (If the Statement of Account or Billing Statement is misplaced/lost, the NSF must send a letter requesting for a second copy.)
5. **Discrepancies on the Delivery of ENBS Kits** – Any discrepancy observed in the delivery (damage on the package and its contents or delay in the transit period of the ordered Kits/supplies) shall be reported by the NSF immediately to NSC – Central Visayas within 48 hours after receipt of the package, otherwise, it shall be deemed received in good order and condition.



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III. PAYMENT PROCESS

1. **Payment Terms** – NSC Central Visayas grants a certain period for an NSF to settle its unpaid Purchase Orders. For **Philhealth Accredited NSFs**, **60 calendar days** from the date of billing statement is granted, while **45 calendar days** from the date of billing statement is granted to **Non-Philhealth Accredited NSFs**.
2. **Interest Charges** – Any past due unpaid account shall incur a **2% interest charge** per month until fully paid.
3. **Newly Accredited Newborn Screening Facility** – All Newly accredited NSFs have to settle their **first** Purchase Order strictly on a **Cash Payment basis**. Succeeding POs may be applied through credit terms.
4. **Mode of Payment** – Payment can be made through any of the following ways:
 - **Cash** can be paid directly at Eversley Childs Sanitarium and General Hospital Cashier. **Secure first an Order of Payment** from the NSC – Central Visayas Administrative Section.
 - **Check/Cash Deposit** Payments should indicate the following:

Account Name: Newborn Screening Center – Central Visayas
Account Number: 4082 – 1001 – 60
Branch: Landbank of the Philippines – Consolacion Branch

***Note: Postdated check is highly discouraged.*

***Note: A scanned copy of the Check/Cash Deposit Slip must be sent through mail to the NSCCV or via email at nscvcebu@gmail.com for verification purposes. (Please see attached sample of Cash and Check Deposit Slip on the following pages.)*



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CASH DEPOSIT SLIP

CASH BREAKDOWN

CASH DEPOSIT SLIP

LANDBANK

For transaction amounting to more than ₱ 500,000.00, please indicate source of fund.

ACCOUNT NAME
NEWBORN SCREENING CENTER
CENTRAL VISAYAS

DATE

ACCOUNT NUMBER
4 0 8 2 1 0 0 1 6 0

BRANCH OF ACCOUNT
(for interbranch deposit)
CONSOLACION CEBU

Check one (1) applicable box below. Please use separate deposit slip for each type of currency.

PESO JPY Others: _____

EURO US \$

NAME OF DEPOSITOR : _____
FACILITY CODE : _____
P.O. # : _____
BILLING STATEMENT # : _____

DEPOSITOR/REPRESENTATIVE
(Signature over Printed Name)

CONTACT NUMBER:
(ACTIVE CONTACT NUMBER)

TOTAL DEPOSIT
(in words) _____
(in figures) _____

Please accomplish details of deposit at the back.

Teller's Validation _____

THIS DEPOSIT IS SUBJECT TO THE TERMS AND CONDITIONS COVERING THIS ACCOUNT. TROPOS JATOT

Revised May 2016

(Sample of a Cash Deposit Slip)

CHECK DEPOSIT SLIP

CHECK DEPOSIT SLIP

LANDBANK

For transaction amounting to more than ₱ 500,000.00 please indicate source of deposit.

ACCOUNT NAME
NEWBORN SCREENING CENTER
CENTRAL VISAYAS

Date

ACCOUNT NUMBER
4 0 8 2 1 0 0 1 6 0

BRANCH OF ACCOUNT
(for interbranch deposit)
CONSOLACION CEBU

Check one applicable box below. Use a separate slip for each type of deposit.

On-Us Local Regional

For interbranch transaction:
I hereby agree to pick-up any returned check at this branch or the branch where my deposit account is maintained upon notice at my stated address or contact number.

Address: _____

Contact Number: _____

NAME OF DEPOSITOR : _____
FACILITY CODE : _____
P.O. # : _____

DEPOSITOR/REPRESENTATIVE
SIGNATURE OVER PRINTED NAME

TOTAL CHECK DEPOSIT

CHECK BREAKDOWN		
NAME OF BANK/BRANCH	CHECK NUMBER	AMOUNT

Teller's Validation _____

THIS DEPOSIT IS SUBJECT TO THE TERMS AND CONDITIONS COVERING THIS ACCOUNT.

Revised May 2016

(Sample of a Check Deposit Slip)



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IV. COURIER SERVICE PROVIDERS:

1. SENDING BLOOD SAMPLES AND DOCUMENTS – Send the following using our official Courier Service Providers:

- **Errandboy.ph** (Cebu City, Mandaue City, Lapu-lapu City, Cordova, Talisay City and Minglanilla Cebu)
- **JRS Express**
- **Philippine Postal Corp.**
- **LBC Express**

2. PROTOCOLS:

- Use the courier's **SMALL POUCH** for sending NBS samples.
- NSF's must contact the courier's active contact/hotline number to request a pick-up service. Specify the account name (**Newborn Screening Center Central Visayas**) and account number of the NSC-Central Visayas. Our official courier partners are as follows:
 - **Errandboy.ph** (please refer to the website for online/call/text booking)
 - **JRS Express – Acc. No. 109359**
 - **PhilPost Corp. – Acc. No. A5-2020-01**
 - **LBC Express - Acc. No. 107701/10770101**
- For Courier Branch walk-in, make sure to instruct the courier personnel to label the blood sample/s as **"PERISHABLE ITEM"**.
- Ensure that the Newborn Screening Coordinator/In-charge personally secures the ENBS Blood Samples inside the pouch, following packing protocol in the NBS Heel Prick Training. **Secure the tracing or waybill number for tracking purposes.**
- Completely fill up the waybill form as provided. **NSC-CV is the consignee.** Sender is the collecting NSF. Do not forget to write the account number of the NSC-CV and tick the box "bill consignee".
- Please coordinate with your nearest courier branch when requesting waybills and pouches, basing on the average number of collected samples.
- **OPEN – POUCH Policy** shall be strictly implemented. All contents of the pouch shall be disclosed to the receiving courier.

Note: Only pouches containing filter cards shall be charged to NSC- Central Visayas.



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V. NBS RESULTS

1. **Printed Results** – NSC Central Visayas releases two documents of printed results: One (1) yellow document containing the Summary of Report (NSF's Copy), and One (1) white document containing the Individual Patient Result (Patient's Copy). Results are MAILED to the NSF 7 – 14 working days from receipt of blood samples.
2. **Elevated/Positively Screened Results** – The Follow-up Nurse (FUN) will immediately EMAIL a soft copy and call the collecting NSF to endorse the elevated/positively screened results (for repeat or confirmatory instructions). A printed result will be sent via courier provider.
3. **Unfit and Unsatisfactory Sample Results** – UNSAT Recall Nurses will immediately call the collecting NSF to endorse **Unfit Samples** (contaminated & insufficient) and **Unsatisfactory Samples** (<24hrs, missing information, BT, late samples, no feeding, NPO/SOY/TPN & data erasure). A printed result and UNSAT report will be sent via courier provider.
 - To respond to **UNSAT/UNFIT reports**, NSF has to accomplish either a **Patient Update Form** or a **Repeat ENBS Collection form**. *(Please refer to the instructions on the UNSAT/UNFIT report.)*
4. **Claiming Patient's Printed Result** – Patients' result should only be claimed at their respective collecting NSF. Only the NSF will facilitate the releasing of results to the patients. *(NSC Central Visayas does not release results directly to them)*

Turnaround time for ENBS Results:

- **Normal Results** will be processed and released 14 working days (excluding weekends & holidays) from the receipt of the ENBS Blood Samples.
 - **Elevated/Positively Screened Results** will be emailed immediately on the same day the tests came out from the Laboratory. A printed copy of the result will be sent via courier provider.
5. **Request for a Second Copy of Result** – NSF, thru the NBS Coordinator, must submit an accomplished 2nd Copy of Result Request Form/Letter to the NSC-CV, subject to the approval of the Program Manager/Unit Head.
 6. **Proper Documentation of Data.** Please use the guide below for recording all pertinent data of your patients before sending the blood samples to our laboratory. This will check the completeness of the information on the filter card to avoid having a result of no feeding and missing information. Ensure that the Philippine Health Insurance Corporation (PHIC) sticker is removed from the filter card before sending the samples to NSC-CV. Keeping the detachable filter card number is required to facilitate the process of PHIC claims for newborn care package.

Mother's Name	Date & Time of Birth	Date & Time of Collection	Sex	Birth Weight (in g)	Age of Gestation (in wks)	Feeding	Filter Card No.	Pick up No. & Waybill No.	Date Sent	Address	Contact no.	Result	Date Received	Claimed by	Date Claimed



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VI. NBS FILTER CARD REPLACEMENT

1. **Free Card Replacement** - The repeat ENBS collections done by the NSF are replaceable under the terms below:

- **INSUFFICIENT BLOOD SAMPLE**
- **CONTAMINATED BLOOD SAMPLE**
- **ELEVATED/POSITIVELY SCREENED FOR ANY OF THE 29 DISORDERS REQUIRING REPEAT SAMPLE.**
- **<24 HRS.**
- **LATE SAMPLE** (received in the NSCCV >14 days from date of ENBS collection)
- **NPO/TPN/SOY**
- **BLOOD TRANSFUSION**
- **DATA ERASURE**
- **EXPIRED/NEAR EXPIRY**

2. **Requesting for a Filter Card Replacement** – Fill-up the official **NSC-CV Filter Card Replacement Form (FCR)** completely (Facility Name, Facility Code, Address, Contact Info, Patient Name, Filter Card Number, Reason for Repeat Collection, and all signatories). The form may be sent via email or together with the repeat Sample Card via courier provider.

- Turnaround time will be 7- 10 working days from the day the NSC Central Visayas received the RFC form and repeat filter card (with patient sample).

3. **Card Replacement Matrix** – The table below highlights the process and protocol of filter card replacement.

CONDITIONS	PROTOCOL	PROCEDURE	REMARKS
1. Elevated Result	Free on all repeat collections	Submit duly accomplished official Filter Card Replacement (FCR) Form.	No additional Fee should be collected from the patient.
2. Contaminated Sample	Free on the 1 st repeat collection only. Succeeding are charged to NSF.	Submit duly accomplished official Filter Card Replacement (FCR) Form.	No additional Fee should be collected from the patient.
3. Insufficient Sample	Free on the 1 st repeat collection only. Succeeding are charged to NSF.	Submit duly accomplished official Filter Card Replacement (FCR) Form.	No additional Fee should be collected from the patient.
4. < 24 Hours	Free on the 1 st repeat collection only.	Submit duly accomplished official Filter Card Replacement (FCR) Form.	No additional Fee should be collected from the patient.



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5. Late Sample	Free on the 1 st repeat collection only. Succeeding are charged to NSF.	Submit duly accomplished official Filter Card Replacement (FCR) Form.	No additional Fee should be collected from the patient.
6. NPO/SOY/TPN	Repeat collection needed once patient is on lactose feeding. Free on all repeat collection.	Submit duly accomplished official Filter Card Replacement (FCR) Form on all repeat collections performed.	No additional Fee should be collected from the patient.
7. Blood Transfusion	3 repeat collections are necessary for whole blood transfusion (2 days post BT, 2 weeks post BT and 120 days post BT). All repeat collection done will be replaced for free. 2 repeat collections are necessary for FFP transfusion (2 days post BT and 2 weeks post BT).	Submit duly accomplished official Filter Card Replacement (FCR) Form on all repeat collections performed.	No additional Fee should be collected from the patient.
8. Data Erasure	Free on the 1 st repeat collection only. Succeeding are charged to NSF.	Submit duly accomplished official Filter Card Replacement (FCR) Form on all repeat collections performed.	No additional Fee should be collected from the patient.
9. Preterm/Low Birth Weight/Sick	Repeat Collection after 28 days of life is not Free or Replaceable.	Inform parents of the patient to prepare payment fee of P1,750 for the repeat ENBS Collection 28 days post life.	Repeat collection is charged to patient.
10. Expired/Near Expiry	Free replacement if returned >3 months from expiry date. Php15 charge per card for expired or returned <3 months from expiry date.	Submit duly accomplished Expired Filter Card Replacement Form.	



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VII. CONTACT DETAILS

For inquiries, you may contact the NSC-CV through the following:

Patient Concerns (Elevated or Positively Screened Results)	
Telephone Number:	(032) 272–3036 / 265-5099 local 103, 104, 105
Mobile Number:	0998 560 0171 / 0998 545 8271
Email Add:	nscv.ffupcebu@gmail.com
NSF Performance and Program Concerns (UNSAT, UNFIT, Filter Card Replacement, Activities/Events)	
Telephone Number:	(032) 272–3036 / 265-5099 local 108
Mobile Number:	0998 560 0332 (unsat) / 0939 913 4485 (pdo) / 0939 908 1005 (pdo)
Email Add:	nscvunsat@gmail.com , nscv.pdocebu@gmail.com , nscvcebu@gmail.com
Administrative Concerns (Purchase Order & Kits, Billing or Account Status, and Payments)	
Telephone Number:	(032) 272–3036 / 265-5099 local 110
Mobile Number:	0998 841 7349
Email Add:	nscvpo@gmail.com (PO), kits.nscv@gmail.com (Kits), accg.nscv@gmail.com (Account Status / Billing)
Results Releasing Inquiry	
Telephone Number:	(032) 272–3036 / 265-5099 local 110
Mobile Number:	0998 574 8010
Email Add:	results.nscv@gmail.com



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PURCHASE ORDER

*Name of Facility				
*Address				
*Contact Number				
*PO No.				
*Date				
*Facility Code				
Terms	Delivery Date	*Mode of Delivery		
<input type="checkbox"/> 60 days: Philhealth Accredited NSF <input type="checkbox"/> 45 days-Non Philhealth Accredited NSF	7 Working Days	<input type="checkbox"/> JRS <input type="checkbox"/> Philpost <input type="checkbox"/> LBC <input type="checkbox"/> Errandboy for Cebu only <i>(Please check)</i> Deliver To <i>(Please indicate the address)</i>		
		For Pick-Up (<input type="checkbox"/> JRS <input type="checkbox"/> Philpost <input type="checkbox"/> LBC) Pick up at <i>(Please indicate the branch):</i>		
Unit	*Description	*Qty	Price	*Total Amount
kit	<input type="checkbox"/> Expanded NBS Specimen Collection Kit (Filter card, Lancet, Transmittal Form, ENBS Pink Brochure)		Php 1,750.00	
pc	<input type="checkbox"/> Extra NBS Posters		Php 20.00	
pc	<input type="checkbox"/> Extra NBS Brochures (minimum of 100 pcs)		Php 1.00	
pc	<input type="checkbox"/> Extra Lancets (Maximum of 100 pcs)		Php 2.00	
pc	<input type="checkbox"/> Extra NBS Transmittal Forms (minimum of 100 pcs)		Php 1.00	
				*TOTAL

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

*Requested by:	*Approved by:	Noted by:
<hr/>	<hr/>	<hr/>
<i>Signature over Printed Name</i>	<i>Signature over Printed Name</i>	<i>Signature over Printed Name</i>
<hr/>	<hr/>	<hr/>
<i>Position</i>	<i>Position</i>	<i>Position</i>

Conforme (For NSC-CV):



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FILTER CARD REPLACEMENT FORM

FILTER CARD REPLACEMENT			
*Name of Facility			
*Address			
*Contact Number			
* Facility code			
*Name of Patient	*Repeat Filter Card Number	ENBS	*Reason for Replacement
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Note: a) *For more than 10 replacements, kindly use another sheet of paper as attachment; and b) Please refer to NSC-CV Administrative Mechanics for guidelines on filter card replacement.*

*Requested by:	*Approved by:	Noted by:
_____ <i>Signature over Printed Name</i>	_____ <i>Signature over Printed Name</i>	_____ <i>Signature over Printed Name</i>
_____ <i>Position</i>	_____ <i>Position</i>	_____ <i>Position</i>

Conforme (For NSC-CV):

Signature over Printed Name / Date



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PATIENT UPDATE FORM

*Name of Facility		Date:
*Address *Contact Number		
*Facility Code		

To: Alberto Y. Solis Jr., MD, FPPS
 Unit Head
 Newborn Screening Center – Central Visayas Eversley Childs Sanitarium and General Hospital
 (Outpatient Department Basement)
 Upper Jagobiao Road, Jagobiao, Mandaue City, Cebu 6014

Please acknowledge the following corrections for the patient's information:

Baby's Last Name: _____

Name of Mother: _____

Sex: _____ AOG: _____ Birth Weight(gms): _____ Feeding Information: _____

Date of Birth: _____ Time of Birth: _____

Date of ENBS Collection: _____ Time of ENBS Collection: _____

Baby's Status: _____

I declare that the above information is true and correct.

Prepared by: _____
 Signature over printed Name

 Designation



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EXPIRED FILTER CARD REPLACEMENT FORM

Facility Name: _____

Facility Code: _____

*FILTER CARD SERIES NUMBER	*EXPIRY DATE	
*Requested by:	*Approved by:	Noted by:
_____ <i>Signature over Printed Name</i>	_____ <i>Signature over Printed Name</i>	_____ <i>Signature over Printed Name</i>
_____ <i>Position</i>	_____ <i>Position</i>	_____ <i>Position</i>

Conforme (For NSC-CV):

Signature over Printed Name / Date



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REQUEST FOR 2nd COPY OF RESULT

*Facility Name: _____

*Facility Code: _____

*PATIENT INFORMATION		
SINGLE RESULT REQUEST	MULTIPLE RESULT REQUEST	
Baby's Last Name: _____ Mother's First Name: _____ Date of Birth (mm/dd/yy): _____	Kindly attach a separate sheet containing the list of the patient names following the format: Baby's Last Name: _____ Mother's First Name: _____ Date of Birth (mm/dd/yy): _____	
*REASON FOR REQUEST		
<p><i>*Narrative:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
*Requested by:	*Approved by:	Noted by:
_____	_____	_____
<i>Signature over Printed Name</i>	<i>Signature over Printed Name</i>	<i>Signature over Printed Name</i>
_____	_____	_____
<i>Position</i>	<i>Position</i>	<i>Position</i>

Conforme (For NSC-CV):

Signature over Printed Name / Date