



Newborn Screening Center - Northern Luzon

Mariano Marcos Memorial Hospital and Medical Center

4F/5F MMMHMC Laboratory Bldg. Brgy. 6 - San Julian, Batac City, Ilocos Norte 2906

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Date : June 15, 2026
To : The Medical Director/Administrator/Chief of Hospital/NBS Coordinator

From : ANTHONY JAMES F. ALMAZAN, RN, MAN
Program Manager

NSC NORTHERN LUZON
RELEASED
Date/Time: 6/16/2026
By: *[Signature]*

Noted : MARIA PAZ VIRGINIA K. OTAYZA, MD, MPH, FPPS, FPSNB
Unit Head

Re : NSC-NL ADMINISTRATIVE AND PROGRAM PROTOCOLS Ver. 7

To all NBS Coordinators in Regions 1 and 2:

Please find attached the updated Newborn Screening Facility (NSF) Protocols. This manual has been revised to integrate key service upgrades, including specialized genetic confirmatory pathways, localized courier-tracking systems, and enhanced quality-assessment toolkits, all aimed at optimizing and elevating the standard of care for newborns across Northern Luzon.

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Thank you for your unwavering support to the NBS Program!

Expanded Newborn Screening is covered by Philhealth!





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I. METHOD OF PROCUREMENT

- A. DOH Memorandum.** In compliance with the *DOH Memorandum 2017-0170*, all purchase orders for Newborn Screening Blood Sample Collection Kits and all Newborn Screening Blood specimens from Newborn Screening Facilities (NSF) under Region I (Ilocos) and Region II (Cagayan Valley) shall be forwarded to:

Newborn Screening Center – Northern Luzon
Mariano Marcos Memorial Hospital and Medical Center
4F/5F MMMHMC Laboratory Bldg.
Brgy. 6 - San Julian, Batac City, Ilocos Norte 2906

- B. Duly Accomplish Purchase Order Form.** An existing Purchase Order (PO) form may be utilized and should be accomplished by Newborn Screening Facilities (NSF) in the procurement of a Newborn Screening Kit. NSF with no existing P.O. form may use NSC-Northern Luzon's Purchase Order Template. (*Please see attached PO Template*)

1. **Fill out the PO Form.** The following information is IMPORTANT to be provided to avoid interruption of PO transaction with NSC-NL:

- a. **Facility Name and Code**
- b. **Address of Facility**
- c. **Contact Number**
- d. **Purchase Order Number**
- e. **PO Date**
- f. **Mode of Delivery**
- g. **Quantity of NBS/ENBS Kits**
- h. **Total Amount**
- i. **Signed, Approved, and Noted by Authorized Personnel**

- C. NBS Specimen Collection Kit.** The minimum allowable order per P.O. is five (5) NBS Specimen Collection Kits for Expanded NBS.

1. A NBS Specimen Collection Kit comprises of:
 - a. Filter Card
 - b. Transmittal Form
 - c. Lancets
 - d. NBS Pink Brochure
2. The Expanded NBS Specimen Collection Kit is worth **Php 1,750.00** only.
3. **A maximum amount of Php 50.00** is the allowable service fee for the collection of Newborn Screening samples to be charged by Newborn Screening Facilities.

D. Send duly signed and approved PO through the following:

MODE	INSTRUCTION	
EMAIL	<input checked="" type="checkbox"/> Scan duly signed and approved PO and send to <u>nscnorthernluzon@gmail.com</u>	
COURIER	<input checked="" type="checkbox"/> PO may be sent together with the specimen or payment <input checked="" type="checkbox"/> Send PO to this address: Newborn Screening Center – Northern Luzon Mariano Marcos Memorial Hospital and Medical Center 4F/5F MMMHMC Laboratory Bldg., Brgy. 6 - San Julian Batac City, Ilocos Norte 2906	
WALK-IN	<input checked="" type="checkbox"/> NOTE: NSFs are requested to inform Newborn Screening Center – Northern Luzon via phone call or text message one day before pick up of ordered kit <input checked="" type="checkbox"/> Proceed directly to: Newborn Screening Center – Northern Luzon Mariano Marcos Memorial Hospital and Medical Center 4F MMMHMC Laboratory Bldg., Brgy. 6 - San Julian Batac City, Ilocos Norte <input checked="" type="checkbox"/> NSF Personnel to pick up the NBS Kit is encouraged to present valid identification card. <input checked="" type="checkbox"/> Below is the schedule for processing Pick-up purchases	
	Time of PO Receipt	Release of NBS Kit
	08:00 am to 11:00 am	03:00 pm of the same day
	11:01 pm to 05:00 pm	03:00 pm of the next working day

D. On-Hold Purchase Order. The following may be reasons for an On-Hold Purchase Order which may cause unwanted delay:

- 1. Three (3) Outstanding Purchase Orders Policy.** The maximum allowable number of outstanding PO, not yet due, is three (3). Succeeding orders are automatically put on hold until settlement of at least one (1) of the outstanding PO has been made.
- 2. No Overdue Account Policy.** PO/s will be automatically put on hold if the NSF has incurred at least one overdue balance even if the maximum allowable number of outstanding POs is not yet met. Notices of Collection and Statement of Account, or Demand Letters will be sent for further reminders on the settlement of your past-due accounts.
- 3. Incomplete and incorrect information on the PO document.** Necessary correction/s on the PO document shall be communicated by NSC-NL staff through a phone call, text message, email, or letter and shall be complied with by the NSF.

Update

Note: In compliance with government procurement and accounting regulations, all purchases made by government facilities, including Rural Health Units (RHUs), Provincial Hospitals, District Hospitals, and other government agencies, must be supported by the agency's duly issued Purchase Order (PO). The PO should indicate the certification of fund availability and bear the appropriate approval and signature of the authorized official, such as the Municipal Mayor, City Mayor, Governor, or other duly authorized approving authority, as applicable. Orders without the required approved Purchase Order and certification of available funds may not be processed.

II. DELIVERY OF NBS KITS

- A. **Delivery days.** Orders will be delivered within seven (7) working days upon receipt of the PO. If there are changes in the delivery schedule, NSF will be notified.
- B. **Mode of Delivery.** Ordered supplies may be picked up at NSC-NL or sent to NSF through couriers or MMMHMC Hospital Service.
- C. **Official Courier Service Provider.**

PLEASE ALWAYS REFER TO THE UPDATED NSC-NL MEMO REGARDING THE COURIER SERVICE ADVISORY FOR PROPER GUIDANCE.

- D. **Billing Statement.** The original Billing Statement will be sent together with the purchased NBS kits.
- E. **Discrepancies on Purchase NBS Kits.** The NSF must immediately inform NSC-NL if there is any discrepancy in the delivery, otherwise, the NBS kits shall be deemed received in complete order and condition **within 24 hours upon receipt of delivery.**

III. PAYMENT

- A. **Terms of Payment.** The period given by NSC-NL for the health facility to pay the ordered NBS Specimen Collection Kits is **60 calendar days** from the date of release of the billing statement for **PhilHealth Accredited facilities** and **45 calendar days** for **Non-PhilHealth Accredited facilities.**
- B. **Unpaid Account.** Any unpaid account after the given term shall be charged 2% interest per month until fully paid.
- C. **For Newly Accredited Newborn Screening Facilities.** For newly accredited government and private lying-ins, maternity clinics, or birthing homes as Newborn Screening Facilities:
 - 1. A minimum of five (5) kits may be ordered
 - 2. Strictly Cash payment upon order for a period of one (1) year.

- Update**
- D. **For Reactivating Newborn Screening Facilities (NSFs) with Existing Accounts Receivable.** For health facilities that have been inactive for an extended period, possess outstanding overdue balances (accounts receivable), and intend to resume newborn screening operations:
 - 1. Re-activation of the facility account and the procurement of new Newborn Screening Kits shall be strictly on a **CASH BASIS ONLY for a period of one (1) year** from the date of resumption of operations.
 - 2. The implementation of the cash-only policy for new orders does not waive the facility's obligation to settle its existing outstanding accounts receivable with NSC-NL.

E. Mode of Payment. Payment may be made through any of the following ways:

1. Direct CASH / Check to MMMHMC Cashier

- a. Please make all checks payable to:

MARIANO MARCOS MEMORIAL HOSPITAL AND MEDICAL CENTER

Note: Secure the BILLING STATEMENT TRIPLICATE COPY at the NSC-NL Administrative Office before proceeding to the MMMHMC Cashier. The document shall be presented as a reference upon payment at the Cashier. Kindly proceed to NSC-NL and provide the Administrative Staff a photocopy of the Official Receipt for faster posting of payment in your account.

2. Deposit to Landbank of the Philippines using the **Online Collection Payment Slip**

- a. Payment slip should contain the following information:

Account Name	:	MMMh&MC
Account Number	:	2132-2220-05

Reference Number 1	:	Facility Code/Name of NSF
Reference Number 2	:	Billing Statement Number
Reference Number 3	:	Purchase Order Number

*Note: A scanned copy of the **ONCOLL Payment Slip** must be sent through mail to NSC-NL or through email at nscnorthernluzon@gmail.com for verification purposes. (Please see attached sample of duly accomplished ONCOLL Payment Slip)*

3. Online Payment through Paymaya

- a. Paymaya, GCash, Visa/Mastercard/ Bancnet/JCB supported Debit/Credit card holders are accepted
- b. The online payment scheme has a minimum transaction/convenience fee chargeable to the availing facility as follows:

Paymaya Account - P10.00
Others - 1.5225% of the Principal Amount

- c. Contact us at NSC-NL Billing and Payment for the creation of the payment link
- d. Communicate only through the official contacts of NSC-NL to avoid online fraud or scams

4. **Prohibition on the inclusion of Cash or Check Payments inside the Pouch when sending Blood Samples**

- a. To protect your cash or check payments from being lost in transit, NSC-NL prohibits the inclusion of cash or check payments when sending blood samples.
- b. The center shall not be held responsible for any loss or damage caused by lost cash or check payments nor the courier service provider be held liable. Any incidents arising from noncompliance with this prohibition shall be at the risk of the nonconforming NSF.

IV. COURIER SERVICE PROVIDERS

- A. **Sending of Blood Samples.** Send NBS Blood Samples ONLY through the official courier service providers of NSC-NL.

PLEASE ALWAYS REFER TO THE UPDATED NSC-NL MEMO REGARDING THE COURIER SERVICE ADVISORY FOR PROPER GUIDANCE.

Note: NSC-NL **shall no longer reimburse courier fees for pouches sent via a Courier Service Provider other than the official courier partner.**

Update B. Protocols:

1. Use the courier's **SMALL POUCH** for sending NBS samples.
2. Ensure that the Newborn Screening Coordinator/Representative personally secures the NBS samples in the pouch and fills in the required information.
3. **NSC-NL Memo 029-2024.** All Newborn Screening Facilities (NSFs) in Regions 1 and 2 are designated and provided with individual J&T Express Sub-accounts. These sub-accounts must be utilized as the official booking, pick-up, and tracking system for sending newborn screening specimens and mutational analysis samples.

PLEASE REVIEW NSC-NL MEMO 029-2024 FOR GUIDANCE OR CALL NSC-NL PROJECT DEVELOPMENT OFFICERS

4. The request for small pouches is coordinated with the nearest courier branch. The request should be relative to the average number of samples. Please request these ahead of time to allow for preparation and distribution.
5. **OPEN-POUCH POLICY** shall be strictly implemented. All contents of the pouch shall be disclosed to the receiving courier
6. Only pouches containing filter cards shall be charged to NSC-NL account.

V. NBS RESULTS

- A. **Forms of Printed Results.** Two forms of printed results will be released by NSC NL, one (1) copy of Summary Report of Results/NSF's Copy (Yellow Form) and one (1) copy of Individual Result/Patient's Copy (White Form). All results will be MAILED directly to all Newborn Screening Facilities within 7 to 14 working days from the time the NBS sample was received at the NSC-NL.

- B. **Elevated/ Positively Screened Newborn.** The Follow-up Nurse (FUN) will immediately send an e-mail and recall an elevated result/positive screen (for repeat and confirmatory testing). A printed result will be sent to the NSF via courier.

- C. **Unfit and Unsatisfactory Blood Samples.** Unfit samples (contaminated and insufficient) for repeat and unsatisfactory samples (no feeding, missing information, less than 24 hours, and late receipt of sample) will be sent via e-mail and recalled through a phone call on the same day of receipt of blood samples. A hard copy will be sent to the facility via courier.

- D. **Claiming Patient's Printed Result.** The patient's printed result must be claimed at the respective NSF. Please inform your patients that no results will be claimed or

released directly at the NSC-NL. Your health facility should designate one person to handle receiving and issuance of all NBS results.

E. Second Copy of Result. Request for a second copy of the result will require a letter addressed to the Program Manager/Unit Head of the NSC-NL, subject to approval.

F. Relay of Feeding and Missing Information.

1. Please be reminded that the newborn screening laboratory will only accept feeding and other missing information (e.g. date and time of birth/collection) relayed through a duly signed (with printed name and signature) letter from the Overall NBS Coordinator or person-in-charge of newborn screening.

The NBS laboratory will not accept unsigned letters or any information relayed through phone calls, text messages, or e-mail.

2. The updated results of your patients will be available 14 working days after receipt of your valid letter containing the missing information. The second copy of these results will be sent to your health facility through mail.

3. THERE IS NO NEED TO USE ANOTHER FILTER CARD TO RELAY INFORMATION OR FEEDING. ANY INCOMPLETE INFORMATION WILL CAUSE DELAY IN RELEASING OF RESULTS.

G. Proper Documentation of Data. Please use the guide below to record all pertinent data of your patients before sending the blood sample to our laboratory. This will help you check the completeness of the information on the filter card to avoid having the result of no feeding and missing information.

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 Number	Result	Date Received	Claimed By	Date Claimed
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KEEPING THE DETACHABLE PHILHEALTH STUB IS REQUIRED TO FACILITATE THE PROCESS OF PHILIPPINE HEALTH INSURANCE CORPORATION (PHIC) CLAIMS FOR THE NEWBORN CARE PACKAGE.

VI. QUALITY CHECKING OF NBS SAMPLES

A. NSC-NL Memo 004-2023. As a proactive action to ensure the quality of the blood spots and data cards, all Newborn Screening Facilities in Regions 1 and 2 are highly encouraged to intensify the quality checking of samples before and after sample collection, and before sending the sample to NSC-NL.

PLEASE REVIEW NSC-NL MEMO 004-2023 FOR GUIDANCE OR CALL NSC-NL PROJECT DEVELOPMENT OFFICERS

B. Suggested Actions to Correct Unsatisfactory Sample

CONDITION	SUGGESTED ACTION
1. Contaminated Samples	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Always refer to the spot-check poster. <input checked="" type="checkbox"/> Avoid layering or dropping another blood on top of another just to satisfy the circles. <input checked="" type="checkbox"/> Avoid using capillary tubes. <input checked="" type="checkbox"/> Ensure samples are air-dried properly for at least 4 hours; <input checked="" type="checkbox"/> Avoid smearing or touching the blood with bare hands.
2. Insufficient Samples	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Always refer to the spot-check poster. <input checked="" type="checkbox"/> Make sure that the blood soaks through the card (check the back of the filter card). <input checked="" type="checkbox"/> 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.
3. Taken <24 hours	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Samples ideal for testing are taken at least 48 to 72 hours after birth. But more than 24 hours is already acceptable. <input checked="" type="checkbox"/> 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.
4. Late	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Samples that were received at the NSC more than 14 days from the date of sample collection. Results are unreliable. <input checked="" type="checkbox"/> Make sure that samples are sent immediately after they have been air-dried for 4 hours. DO NOT BATCH SAMPLES.
5. Missing information	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Make sure that all data in the filter card are filled in before sending of blood samples.
6. No feeding	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Please check/tick the number corresponding to the type of feeding given and double-check the data before sending the blood samples.
7. On BT	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Collect blood samples before transfusing whole blood or packed red blood cells or FFP (Fresh Frozen Plasma)
8. On NPO/TPN/Soy	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Perform blood collection before putting baby on NPO/TPN/Soy (if possible). Lactose feeding is necessary for the interpretation and analysis of GAL and PKU.

VII. NBS FILTER CARD REPLACEMENT

A. **Free Card Replacement.** The Card replacement is free and is shouldered by NSC-NL for the following reasons only:

1. Elevated / Positive Initial Screens
2. Insufficient blood samples
3. Contaminated samples
4. < 24 hours
5. Late

B. NBS Filter Card Replacement Request Form. Fill out an NBS Filter Card Replacement Request Form with the names of patients and reason for replacement (i.e. Contaminated, etc.) to be attached to the next purchase request. (Please see attached Purchase Order Form.)

1. The replacement cards will be sent together with your NBS results or next purchase if it is less than 20 cards. If replacement cards are more than 20 then it will be sent immediately to your health facility.
2. Processing of the filter card replacement will follow the 14-day protocol from the date of receipt of 2nd card.
3. Replacement rules are subject to change.

C. Card Replacement Matrix. This is to clarify issues on repeat sample collection using filter cards purchased under the PO system.

Below is the card replacement matrix for your proper guidance:

CONDITION	REPLACEMENT	PROCEDURE	REMARKS
1. Elevated Result	<input checked="" type="checkbox"/> FREE	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO	<input checked="" type="checkbox"/> No extra fee should be collected from the patient
2. Contaminated Samples	<input checked="" type="checkbox"/> FREE (as per evaluation of laboratory) on the first repeat only	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO	<input checked="" type="checkbox"/> No extra fee should be collected from the patient
3. Insufficient Samples	<input checked="" type="checkbox"/> FREE (as per evaluation of laboratory) on the first repeat only	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO	<input checked="" type="checkbox"/> No extra fee should be collected from the patient
4. Taken <24 hours	<input checked="" type="checkbox"/> FREE on the first repeat only	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO	<input checked="" type="checkbox"/> No extra fee should be collected from the patient
5. Late sample	<input checked="" type="checkbox"/> FREE on the first repeat only	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO	<input checked="" type="checkbox"/> No extra fee should be collected from the patient
6. On Blood Transfusion (BT)	<input checked="" type="checkbox"/> 3 repeat collections are necessary for whole blood transfusion: 2 days post-BT 2 weeks post-BT 120 days post-BT <i>All will be replaced for FREE</i>	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO, please indicate if 1st repeat for post-BT or 2nd, the 3rd repeat for post-BT	<input checked="" type="checkbox"/> No extra fee should be collected from the patient

	<input checked="" type="checkbox"/> 2 repeat collections are necessary for FFP transfusion 2 days post-BT 2 weeks post-BT		
7. On NPO/TPN/Soy	<input checked="" type="checkbox"/> Repeat collection is needed once the patient is on lactose-containing milk. <input checked="" type="checkbox"/> FREE if done under these circumstances.	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO.	<input checked="" type="checkbox"/> No extra fee should be collected from the patient
8. Outdated/ Defective Cards	<input checked="" type="checkbox"/> FREE only to those outdated / defective cards during the time of release by NSC. <input checked="" type="checkbox"/> Subjected for evaluation of circumstances.	<input checked="" type="checkbox"/> Report within 24 hours upon receipt of cards. <input checked="" type="checkbox"/> Refer to NSC-NL Memo 059 - 2020 for card exchange of expired and near-expiry cards.	<input checked="" type="checkbox"/> No extra fee should be collected from the patient

Update VIII. GENETIC TESTING (MUTATIONAL ANALYSIS)

A. Genetic Testing (Mutational Analysis). It serves as a confirmatory diagnostic tool following an elevated or positive initial newborn screen. Its purpose is to examine the child’s DNA immediately after birth to identify specific genetic variants before physical symptoms manifest. This molecular-level detection enables physicians to initiate immediate, lifesaving medical treatments, targeted dietary interventions, or specialized therapies.

B. Guidelines for Collecting and Sending Samples (CentoCard). To preserve specimen integrity and ensure accurate genetic test results via the official laboratory partner (Centogene – Germany, via Molave Trading Inc.), all Newborn Screening Facilities (NSFs) must strictly adhere to the following procedural workflow:

1. **Documentation.** Complete all filter cards and consent forms in black ink and BLOCK LETTERS. Use the strict DD/MM/YYYY format for the patient's Date of Birth and Date of Collection. The requesting physician must sign the Diagnostics and Data Protection – Information Sheet (Informed Consent).
2. **Sample Collection.** Extract blood from a venous vein (EDTA blood is highly recommended). Carefully pipette 50 µl of blood into the center of all 10 spots on the filter card (0.5 ml total). Apply blood to the front side only without touching the filter paper surface.


3. **Drying and Storage.** Air-dry the filter card flat at room temperature for a minimum of 2 hours. Do not cover, stack, or overlap cards while drying. Never use hairdryers or heating devices. Store the dried card at room temperature; do not refrigerate.
4. **Packaging.** Place the dry filter card inside its protective plastic envelope. Compile the CentoCard envelope with all required attachments:
 - a. Centocard
 - b. Signed Informed Consent Sheet,
 - c. Centogene Order Form generated from CentoPortal (clearly noting if the parents are consanguineous/blood relatives), and
 - d. Certificate of Shipment of Non-Infectious Materials of Human Origin.
5. **Shipping and Logistics.**
 - a. Email a photo of the completed CentoCard and scanned copies of all documents to **nscnl.fun@gmail.com** as a digital pre-alert.
 - b. Place the package inside the provided brown envelope and send it via the assigned **J&T sub-account (the official tracking and pick-up system)**.
 - c. Securely declare the cargo as "DOCUMENTS ONLY." The package must reach the receiver within 7 days of sample collection.

C. Shipping Account

MOLAVE TRADING, INC.

c/o Ms. Bea Acosta

 891 EDSA Diliman, Brgy. South Triangle, Quezon City 1101

 Contact No.: 0945 986 3939

RE: NBS-NL – GENETIC TESTING

Update IX. NSF MONITORING

- A. **NSF PPEAS Tool.** The NSF Philippines Performance Evaluation and Assessment Scheme (NSF PPEAS) Tool is an official monitoring instrument used to evaluate, assess, and maintain the quality standards of newborn screening operations within every accredited facility. The tool ensures strict adherence to national clinical protocols, administrative compliance, and quality metrics (*Please see attached NSF PPEAS Tool Template*)
- B. **Compliance.** All accredited and operating Newborn Screening Facilities (NSFs) under Region I and Region II must comply with the following self-assessment protocols:
 1. The designated Overall NBS Coordinator or Person-in-Charge must objectively accomplish the NSF PPEAS Tool based on actual facility data and operations.
 2. The self-assessment shall be validated by NSC-NL and/or the DOH CHDs during unannounced or scheduled monitoring visits.

Update X. CONTACT DETAILS

A. For Training, Accreditation, and Other Program Concerns. Please coordinate with your respective Department of Health (DOH) regional offices for facilities-related administrative support, training schedules, and accreditation requirements:

DOH ILOCOS CENTER FOR HEALTH DEVELOPMENT (REGION 1)	
Mobile No.:	0917 729 0438 / 0951 945 8960
Email:	nbs.dohro1@gmail.com
DOH CAGAYAN VALLEY CENTER FOR HEALTH DEVELOPMENT (REGION 2)	
Mobile No.:	0945 490 3577 / 0999 879 1277
Email:	nbs_r02@yahoo.com

B. For Newborn Screening Center (NSC-NL) Operational Concerns. Please NSC-NL contact the following designated operational desks:

Short Term Follow-Up / Positive Cases	
Mobile No.:	Nurse 1: 0908 673 1681 / 0935 848 7159 Nurse 2: 0929 611 7516 Nurse 3: 0929 789 6707 Nurse 4: 0999 483 5194
Email:	nscnl.fun@gmail.com
Purchase Order	
Mobile No.:	0970 642 9308 / 0926 911 4315
Email:	nscnorthernluzon@gmail.com
Billing and Payment	
Mobile No.:	0921 820 5965 / 0945 459 4382
Email:	nscnorthernluzon@gmail.com / acctg.nscnl@gmail.com
NBS Results	
Mobile No.:	0969 224 4199 / 0926 911 4311
Email:	results.nscnl@gmail.com
Unsatisfactory Samples	
Mobile No.:	0939 822 1665 / 0945 448 9216
Email:	unsat.nscnl@gmail.com
Program and Administration	
Mobile No.:	0949 595 7040 / 0975 478 5660
Email:	adm.pdo.nscnl@gmail.com



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Telefax No.: (077) 677 3161 ♦ Telephone No.: (077) 600 8088

Email: nscnorthernluzon@gmail.com

PURCHASE ORDER

**Important to be filled up*

*Name of Facility	
*Address	
*Contact Number	

*PO No.	
*Date	
*Facility Code	

Terms	Delivery Date	*Mode of Delivery
60 days-Philhealth Accredited	7-10 Working Days	<i>Deliver To (Please indicate the address)</i>
45 days-Non Philhealth Accredited		<input type="checkbox"/> For Pick-Up <i>Pick up at (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, NBS Pink Brochure)		Php 1750.00	
pc	<input type="checkbox"/> Extra NBS posters		Php 10.00	
pc	<input type="checkbox"/> Extra NBS brochures (minimum of 10)		Php 1.00	
pc	<input type="checkbox"/> Extra Lancets		Php 6.00	
pc	<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) NBS Collection Kits and/or Five (5) ENBS Collection Kits.**

FILTER CARD REPLACEMENT			
Name of Patient	Repeat Filter Card Number	ENBS	Reason for Replacement
1.			
2.			
3.			
4.			
5.			

Note: a) **For more than 5 replacements**, kindly use another sheet of paper as attachment; and b) Please refer to NSC-NL 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-NL):

Signature over Printed Name / Date



Newborn Screening Center - Northern Luzon
Mariano Marcos Memorial Hospital and Medical Center
 4F/5F MMMHMC Laboratory Bldg., Brgy. 6 - San Julian, Batac City, Ilocos Norte 2906
 Telefax No.: (077) 677 3161 ♦ Telephone No.: (077) 600 8088
 Email: nscnorthernluzon@gmail.com

**Sample of appropriately filled-up
 Landbank of the Philippines ONCOLL Payment Slip**

ONCOLL PAYMENT SLIP This is your receipt when machine validated	LAND BANK OF THE PHILIPPINES ONCOLL PAYMENT SLIP		Date	CLASS B
	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 2 1 3 2 2 2 2 0 0 5		MERCHANT/AGENCY NAME MMM&MC	
	Reference Number 1 Code / Name of Facility		Printed Name and Signature of Payor/Depositor/Representative	
	Reference Number 2 BS #0001		Teller's Validation	
	Reference Number 3 (Numeric) PO #0001			
Amount				

Front

CASH BREAKDOWN			CHECK PAYMENT		
NO. OF PIECES	DENOMINATION	AMOUNT		NAME OF BANK/BRANCH	
		PESOS	CTVS.	CHECK NUMBER	AMOUNT
	P1,000.00				
	500.00				
	200.00				
	100.00				
	50.00				
	20.00				
	COINS				
TOTAL CASH PAYMENT					
DEBIT ACCOUNT					
AUTHORIZED SIGNATURE		ACCOUNT NAME		ACCOUNT NUMBER	
BANK'S USE ONLY - APPROVAL FOR DEBIT ACCOUNT					
Signature Verified By:		Checked By:		Approved By:	
				Posted By:	

Back

A scanned copy of the **ONCOLL Payment Slip** must be sent through mail to NSC-NL or through email at **nscnorthernluzon@gmail.com** for verification purposes



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 17, 2017

DEPARTMENT MEMORANDUM

No. 2017- 0170

FOR : REGIONAL DIRECTORS, NEWBORN SCREENING CENTERS, NEWBORN SCREENING REFERENCE CENTER AND OTHER CONCERNED BUREAUS

SUBJECT : Transfer and Endorsement of the Newborn Screening Facilities in Regions I and II to Newborn Screening Center - Northern Luzon

The Newborn Screening Center–Northern Luzon (NSC-NL), strategically housed in Mariano Marcos Memorial Hospital and Medical Center, is scheduled to undergo evaluation by the DOH Health Facilities and Services Regulatory Bureau (HFSRB) and the Newborn Screening Reference Center as part of their accreditation process.

All Newborn Screening Facilities (NSFs) located in Regions I and II shall be placed under the NSC-NL which will be operational on **02 May 2017**. Newborn Screening (NBS) Samples from Region II will be transferred after the international accreditation. All transactions pertaining to the purchase orders for NBS Blood Sample Collection Kits and blood samples for newborn screening from Regions I and II shall now be forwarded to NSC-NL.

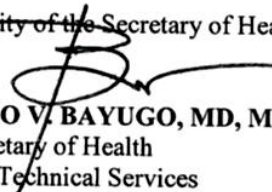
In preparation for this, please coordinate and facilitate the smooth transfer and endorsement of concerned NSFs currently being served by NSC-Central Luzon to the new NSC. Necessary arrangements for the endorsement of the said NSFs shall be done by the NSC-CL to the NSC-NL. Attached herewith is the list of the Newborn Screening Facilities in Regions I and II currently being served by the Newborn Screening Center-Central Luzon.

For inquiries, you may contact Dr. Maria Paz Virginia K. Otayza, Unit Head of NSC – NL at (077) 600-8088 or email at nscnorthernluzon@gmail.com.

Please be guided accordingly.



By Authority of the Secretary of Health:


GERARDO V. BAYUGO, MD, MPH, CESO III
Undersecretary of Health
Office for Technical Services

INTENSIVE QUALITY CHECKING (IQC) GUIDE

Before Sample Collection



- **PHYSICAL CONDITION OF THE FILTER CARD**
 - Expiration Date of Filter Card
 - Poor/Decaying Filter Card
 - Issued only by NSC-NL
- **VERACITY OF PATIENT INFORMATION IN THE FILTER CARD**
 - Patient Information
 - Sample Collection Details
 - Feeding Information
 - Healthcare Provider
 - Baby's Status Information Field
 - Parent's Information Field
 - *Use of NBS Logbook and NBS Information Sheet*

After Sample Collection

- **SPOT CHECKING OF DRIED BLOOD SPOT**
 - Contaminated
 - Insufficient
 - *Use of Simple Spot Check Poster*
- **COUNTER CHECKING OF PATIENT INFORMATION**
 - Patient Information
 - Sample Collection Details
 - Feeding Information
 - Healthcare Provider
 - Baby's Status Information Field
 - Parent's Information Field
 - *Use of NBS Logbook and NBS Information Sheet*

Before Sending the Sample to the NSC

- **COUNTER CHECKING OF PATIENT INFORMATION**
 - Patient Information
 - Sample Collection Details
 - Feeding Information
 - Healthcare Provider
 - Baby's Status Information Field
 - Parent's Information Field
 - *Use of NBS Logbook and NBS Information Sheet*
- **LOG COURIER DETAILS**
 - Date sent
 - Staff-in-Charge
 - Tracking Number

	<p>NEWBORN SCREENING CENTER – NORTHERN LUZON MARIANO MARCOS MEMORIAL HOSPITAL & MEDICAL CENTER</p>	
<p>Newborn Screening Facility (NSF) PPEAS Tool</p>		

Instructions: 1. Please fill out necessary information CORRECTLY and COMPLETELY.
 2. Use black or blue ball point pen only. Do NOT fill this form with pencil.
 3. Write as CLEARLY as possible. Use a pen with a thinnest possible tip.
 4. Do NOT overwrite in case of a mistake. Just strikethrough the word and write necessary corrections and initials

Hospital Code:

Name of NSF:

Complete Address:

Zip Code:



Respondent (1):

 (Printed Name and Signature)

Contact Numbers:

Email Address:

PARAMETERS		Check appropriate box		REMARKS
		YES	NO	
A. Existence of Newborn Screening Program in the Health Facility		YES	NO	Remarks
1	DOH-NIH certificate exists as proof that the facility offers NBS services.			
2	Issuances from NSC, DOH, NSRC are available.			
3	Signage exists informing the public that NBS services are available.			
4	The health facility has a copy of the NSC Administrative Mechanics			
5	The NBS service is offered/available 24/7.			
6	NBS is included in the orientation of all employees in the health facility.			
7	Any case of refusal for religious reasons is documented			
8	Any refusal for reasons other than religion are documented			
9	A written protocol exists describing in detail all the procedures involved in newborn screening			
10	Specimen collection procedure is followed.			
	a. Informing the patient about NBS			
	b. Ensuring completeness, accuracy and legibility of patient information.			
	c. Identifying the patient correctly			
	d. Properly and legibly filling of the collection card			
	e. Collecting an acceptable heel prick specimen.			
	f. Proper drying of blood spots before shipment.			
	g. Proper packing and shipping specimens.			
	h. Documenting date and time of specimen shipment.			
	i. Record-keeping to document that testing and follow-up occurred.			
	j. Receiving results and releasing results to parents			
	k. Acting on results when appropriate			
11	A client educational program exists that may include:			
	a. NBS posters in strategic locations			
	b. Mechanism for viewing video clips			
	c. Mothers' classes/bench conferences			
	d. NBS pink brochures			
B. Existence of an Effective Newborn Screening Team		YES	NO	Remarks
1	The health facility has a working NBS Team composed of at least:			
	a. A trained NBS Coordinator			
	b. A trained assistant NBS Coordinator			
2	At least one person is trained in and responsible for:			

	<p>NEWBORN SCREENING CENTER – NORTHERN LUZON MARIANO MARCOS MEMORIAL HOSPITAL & MEDICAL CENTER</p>	
<p>Newborn Screening Facility (NSF) PPEAS Tool</p>		

	a. Proper sample collection			
	b. Releasing of result			
	c. Tracking of patients			
C. Facility Support		YES	NO	Remarks
1	An area designated for drying specimen collected			
2	NBS collection kits are available at all times and are stored in a clean and dry environment.			
3	Facility is maintaining at least one-month supply of cards			
4	Secured and confidential logbook/information system of patients is maintained.			
	a. Information system includes			
	i. Patient Information (mother's name, baby's surname)			
	ii. Date specimen is collected			
	iii. Date sent to NSC			
	iv. Result Information (date received and released)			
	b. Logbook of positive patients includes:			
	i. Patient Information (mother's name, baby's surname and disorder)			
	ii. Date and time of recall			
5	Abnormal results are relayed to the parents within 24 hours from the receipt of result from the NSC			
6	A secure and confidential system for NBS result is maintained.			
7	A detailed protocol for recalling patients exists.			
8	The system include a mechanism for seeking assistance from:			
	a. NSC. If yes how many times?			
	b. DOH. If yes how many times?			
	c. LGU. If yes how many times?			
D. Administrative support for NBS implementation		YES	NO	Remarks
1	A scheme is provided in addressing service delivery for indigent patients			
E. Quality Improvement of NSF		YES	NO	Remarks
1	The health facility management has an annual quality assessment of the status of the NBS program			
2	The NBS team conducts a quarterly assessment that includes:	YES	NO	Remarks
	a. Review of specimen cards quality			
	b. Problems encountered			
	c. Timeliness of collection, submission and reporting			
	d. Coverage			
F. Reporting: Quarterly Submission to DOH Regional Offices				
1	Livebirths			
2	Number of screened			
3	Number of refusals			

Other Remarks:

Interviewer:

(Printed Name and Signature)

Date Accomplished:

____/____/____