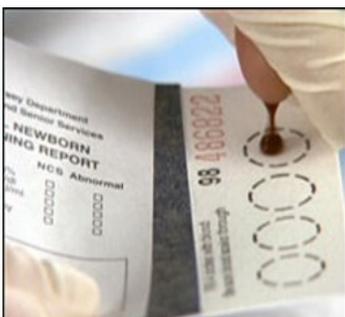


Kansas Department of Health and Environment ~ 1000 SW Jackson St. Suite 200 ~ Topeka, KS 66612

LET'S MAKE THE FIRST SPOT....A PERFECT SPOT!

Top Ten Reminders

1. Ship specimens **daily!** Consider using FedEx, UPS, or courier services. Prompt sample transit time can be **life saving** for a baby!
2. The optimum time for collection of the Newborn Screen is between **24 and 48 hours after birth** per Clinical and Laboratory Standards Institute (CLSI) guidelines. It is no longer based on feeding time.
3. **Fill filter paper circles completely** with one large drop of blood. Be patient. Large drops can take time. Use capillary action to draw the blood drop to the filter paper. Be careful that the baby's foot doesn't touch the filter paper.
4. **Double check** demographic cards for completeness before shipping the specimen. **The Biggies....**
Birth Date and Time
Birth Weight
Collection Date and Time
Primary Care Physician
5. Make sure the listed **Primary Care Physician (PCP) is the doctor that will be seeing the infant after they are discharged.** Instead of Nurse practitioners, Physician's Assistants, and Residents please put the Physician they are practicing under. If no PCP has been selected, the attending physician at the hospital or the Midwife may be listed.
6. Make sure to check boxes if the baby is in the NICU, on TPN, has been transfused, and/or is one of multiple births.
7. Corrections to forms can be made by putting a single line through incorrect information, initialing, dating and writing correct information above or beside.
8. Check Patient Identification against completed demographic forms before sampling.
9. Follow CLSI Guidelines for collection of **Preterm, Low Birth Weight and Sick Newborns.** Recommendation of serial screening with collection of three specimens:
 Collect the 1st specimen **upon entry to NICU** before the infant begins receiving TPN or transfusions.
 Collect the 2nd specimen **between 48 and 72 hours of age.**
 Collect the 3rd specimen **upon discharge or day 28 of life.**
10. INFORMATION TO REQUEST NBS FORMS: http://www.kdheks.gov/labs/cust_serv/download/specimen_kit_request_form.pdf



At a Glance—3rd Quarter 2015

Total # of Samples Tested:	12,016
Total Unsatisfactory Samples:	465
Percent Total Unsatisfactory Samples:	3.87 %
Goal for Unsatisfactory Blood Spots:	< 1.3 %



CHANGE IN TESTING METHOD FOR TYROSINEMIA TYPE I TESTING

Kansas Department of Health and Environment Laboratories will be changing the testing method for Tyrosinemia Type I (TYR-1) from using Tyrosine as a primary marker to using Succinylacetone (SUAC). This laboratory improvement reflects the Kansas Department of Health and Environment's continued commitment "To protect and improve the health and environment of all Kansans".

The Tyrosinemias are a group of inherited amino acid metabolism disorders in which the body is unable to break down certain building blocks of proteins, known as amino acids. When untreated, TYR-1 can cause liver failure, painful neurologic crises, rickets, and liver cancer. In its most severe form, affected infants may die from liver failure in the first months of life. TYR-1 is usually asymptomatic in newborns. Detecting the condition early and beginning treatment can often prevent the severe outcomes of TYR-1. Treatment consists of a special diet and medications throughout life.

Measurement of tyrosine levels in dried blood spots has been routinely used to screen for TYR-1. Tyrosine can be extracted and monitored along with other amino acids and acylcarnitines present in newborn screening panels. However, an elevated concentration of tyrosine is not always sensitive enough to detect all cases of TYR-1 and unfortunately, elevated tyrosine levels are not specific only to TYR-1. It has become clear that tyrosine alone is an inadequate marker for screening, therefore SUAC will be the new primary marker for TYR-1. Testing SUAC levels is the most suitable for newborn screening in that it is sensitive, selective, simple, and amenable to processing high numbers of samples. SUAC can be measured efficiently in dried blood spots and readily distinguishes patients from unaffected newborns. SUAC detection is currently the best approach to newborn screening for TYR-1.

THE CORRECT BLOOD SPOT CARD

How do I know I'm using the correct card?

- ◆ There is **blue ink** on the card.
- ◆ There is an **orange biohazard sign** on the protective cover (red star)
- ◆ There is an **expiration date** on the card. (red star)

Look for the expiration date each time a card is used!



"TOP FACILITIES THAT MAKE US SMILE!"

*Remember the Goal is to be $\leq 1.3\%$ *



FACILITY NAME	FACILITY ID	TOTAL # OF SAMPLES	TOTAL # OF UNSATS	AVERAGE MONTHLY UNSAT %
HIAWATHA COMM HOSP	140	23	0	0.00%
CHEYENNE COUNTY HOSPITAL	250	5	0	0.00%
RANSOM MEMORIAL HOSPITAL	590	35	0	0.00%
BOB WILSON MEM GRANT CO HOSP	640	11	0	0.00%
HOLTON COMMUNITY HOSPITAL	790	10	0	0.00%
LABETTE HEALTH	950	64	0	0.00%
COFFEYVILLE REG MED CTR	1240	85	0	0.00%
MORRIS CO HOSPITAL	1260	8	0	0.00%
SABETHA COMMUNITY HOSPITAL INC	1300	14	0	0.00%
OSBORNE CO MEM HOSPITAL	1380	6	0	0.00%
ROOKS COUNTY HEALTH CENTER	1580	12	0	0.00%
SCOTT CO HOSPITAL	1630	14	0	0.00%
STANTON CO HOSPITAL	1890	3	0	0.00%
CITIZENS MEDICAL CTR	1950	36	0	0.00%
ST LUKE'S SOUTH HOSPITAL	868	170	1	0.59%
MENORAH MEDICAL PARK	6060	167	1	0.60%
NEWMAN REGIONAL HEALTH	1070	108	1	0.93%
VIA CHRISTI HOSP MANHATTAN INC	1570	317	3	0.95%
PROVIDENCE MEDICAL CENTER	2040	196	2	1.02%
NEOSHO MEMORIAL HOSPITAL	1330	92	1	1.09%

CONTACT US!



www.kdheks.gov/newborn_screening

LABORATORY: 1-785-296-1650 (Phone)
1-758-296-0978 (Fax)

FOLLOW-UP: 1-785-296-0109 (Phone)
1-785-296-2950 (Fax)

ORDER CARDS: 1-785-296-1623 (Phone)
1-785-296-1641 (Fax)