



State of Tennessee

Department of Health

Newborn Screening Newsletter

<http://health.state.tn.us/NBS/index.htm>


Newborn Screening Follow Up

Phone: 615-532-8462

Fax: 615-532-8555

A Dream Fulfilled: The Medical Home for Sickle Cell Disease in Middle TN

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Upcoming State Holidays

- ◆ Nov 22 and 23, 2012: Thanksgiving Day and the Friday after (instead of Columbus Day)
- ◆ Dec 25 and 26, 2012: Christmas Day and the day after
- ◆ Dec 31, 2012 and Jan 1 2013: New Year's Eve and New Year's Day.

Important Newborn Screening Phone Numbers at a Glance

NBS F/U - Metabolic & Hearing

Ph 615-532-8462
Toll Free 855-202-1357
Fax 615-532-8555

Filter Papers

Ph 615-262-6391
Fax 615-262-6455

ICD9 Codes

Ph 615-262-6300

NBS State Laboratory

Ph 615-262-6473
Fax 615-262-6447

Billing

Ph 615-262-6300
Fax 615-262-6396

Voice Response System

615-262-3041
866-355-6132

Through a partnership between Vanderbilt University (VUMC), Meharry Medical College (MMC) and Matthew Walker Comprehensive Health Center (MWCHC), The Center for Excellence in Sickle Cell Disease was created in 2011, in Nashville, TN under the direction of Michael R. DeBaun, MD, MPH (pediatric hematologist and JC Peterson, MD endowed chair in Pediatric Pulmonology, Vice Chair for Clinical Research and Professor in Pediatrics, Vanderbilt University and Adjunct Professor in Pediatrics, Meharry Medical College) and with federal funding from the Maternal and Child Health Bureau, Health Resources and Services Administration, Newborn Screening Program. Under this umbrella a Medical Home for sickle cell disease (SCD) is currently functioning at Matthew Walker Comprehensive Health Center, thus providing coordinated health care from birth to adulthood at a single location to individuals affected with sickle cell disease throughout Middle TN. Other partners for the Center for Excellence in Sickle Cell Disease are Tennessee Oncology, Centennial Pediatrics and the Sickle Cell Foundation of TN.

The Medical Home concept for chronic care involves a patient and

family centered health care approach throughout the life spectrum of an individual. All newborns, infants, adolescents and adults affected with SCD will receive their primary and specialty hematology care at MWCHC under MWCHC primary care physicians who have been trained in the routine care of SCD patients and under VUMC and MMC hematologists. The Meharry Sickle Cell Center (MSSCC) Hemoglobinopathy Confirmatory Laboratory is referring SCD and other hemoglobinopathy infants identified through the Newborn Screening Program to MWCHC for follow-up care. In addition, several pediatric and adult SCD patients are being referred to MWCHC from several local practices including VUMC and MMC.

Matthew Walker Comprehensive Health Center, Inc. is a private, non-profit health care agency that has served the Middle Tennessee Community since 1968. The clinic in Nashville provides primary health care services that include pediatric, family and geriatric medicine, women's health services, ophthalmology, an on-site pharmacy, a diagnostic center (which includes laboratory and radiology services), behavior health counseling and family dentistry.

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A Dream Fulfilled: The Medical Home for Sickle Cell Disease in Middle TN (Continued from page 1)

The Month of September is recognized as Sickle Cell Awareness Month and Newborn Screening (NBS) Month. For more information on SCD, NBS and the medical home for SCD, please see below.

<http://www.childrenshospital.vanderbilt.org/services.php?mid=872>

<http://www.mc.vanderbilt.edu/reporter/index.html?ID=9510>

<http://www.cdc.gov/ncbddd/sicklecell/index.html>

http://www.cdc.gov/ncbddd/pediatricgenetics/newborn_screening.html

<http://www.mc.vanderbilt.edu/news/releases.php?release=2191>

<http://scinfo.org/care-paths-and-protocols-children-adolescents/principles-of-care>

Raphael JL, Rattler TL, Kowalkowski MA, Mueller BU, Giordano TP. (2012). The medical home experience among children with sickle cell disease. *Pediatr Blood Cancer*. 2012 Apr 22. doi: 10.1002/pbc.24184. [Epub ahead of print]

Aguinaga, M.d.P., Sullivan, M., Brown, R.L., and Telfair, J. (2008). The Medical Home: Overcoming Health Disparities in Sickle Cell Disease. NIH Summit: The Science of Eliminating Health Disparities. National Harbor, MD. (See attachment)

Updated Newborn Screening Laboratory Form

NEWBORN SCREENING		TO AVOID RECOLLECTION – Accurately complete the entire form. All information must be printed.	
First _____	Repeat: _____	Prior Unsat _____	Prior <24Hrs or Transf _____
		Prior Abnormal _____	Previous TDH# _____
HOSPITAL INFORMATION			
Infant's Last Name _____		Hospital of Birth ID _____	
First _____	Previous Last Name _____	Hospital of Collection ID _____	
Birth Date _____	Birth Time _____ ML TIME	Infant Medical Record No. _____	
		<input type="checkbox"/> 1. Single Birth	
		<input type="checkbox"/> 2. Twin ()A ()B	
		<input type="checkbox"/> 3. Other _____	
Collect Date _____	Collect Time _____ ML TIME	MOTHER'S INFORMATION	
GENDER: _____		Mother's Current Last Name _____	
RACE: <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black		First _____	
ETHNICITY: <input type="checkbox"/> 1. Hispanic		Age _____	
<input type="checkbox"/> 1. M <input type="checkbox"/> 3. Asian <input type="checkbox"/> 4. Am. Ind <input type="checkbox"/> 5. Other		Address _____	
<input type="checkbox"/> 2. F BIRTH WEIGHT: _____ Grams		City _____ State _____ Zip _____	
GESTATION AGE: _____		Phone _____	
INFANT STATUS AT TIME OF SPECIMEN COLLECTION: CURRENT WEIGHT: _____ Grams		Mother's Social Security No. _____	
¹ TRANSFUSED: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Date of Last: _____/_____/_____		County of Residence _____	
ANTIBIOTICS: <input type="checkbox"/> Y <input type="checkbox"/> N NICU: <input type="checkbox"/> Y <input type="checkbox"/> N		PRIMARY CARE PROVIDER'S INFORMATION	
FEEDING: () 1. Breast () 2. Non-Lactose () 3. TPN/Lipids () 4. Lactose () 5. NPO		Name _____	
Date: _____/_____/_____		Address _____	
Method: _____ ABR _____ OAE		City _____ State _____ Zip _____	
Right Ear: _____ Pass 1 _____ Refer 2		HEARING	
Left Ear: _____ Pass 1 _____ Refer 2		SEE BACK OF FORM FOR SCREENING INSTRUCTIONS	
_____ Unable to test 0 _____ Still in Hospital 7		Initial O2 Screen Date/Time: _____/_____/_____ @ (_____:_____)	
_____ Declined 3 _____ Expired 8		Did both RH and foot need to be tested? <input type="checkbox"/> Y <input type="checkbox"/> N	
_____ Transferred 6		Final Result: Passed <input type="checkbox"/> Failed <input type="checkbox"/>	
Risk Factors: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		Referred to Cardiology: <input type="checkbox"/> Y <input type="checkbox"/> N	
6 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>		SPECIMEN CONTROL NUMBER	
TENNESSEE DEPARTMENT OF HEALTH LABORATORY SERVICES 630 HART LANE, NASHVILLE, TENNESSEE		DATE REC'D/LAB NO. _____	
		Lab Unsat: _____	
		SN E-XXXXXX	
		DO NOT WRITE IN THIS AREA	
		YYYY-MM Form PH 1582 REV. MM/YY	

¹Unless Transfusion is marked, the assumption is that the infant has not been transfused.

Beginning January 1, 2013 all babies born in Tennessee should be screened for Critical Congenital Heart Disease (CCHD). Hospitals and birthing facilities are to submit screening results to the State Newborn Screening Program using the newborn screening collection form. The newborn screening collection form is being edited to accommodate data collection of CCHD results. This means the current in-use newborn screening forms will become obsolete and will no longer be acceptable for use after December 31, 2012 for collection of dried blood spot specimens. **New forms will be available beginning December 1, 2012** to have on hand for the January 1, 2013 start date. Please contact the State Laboratory @ 615-262-6391 to obtain the new blood spot forms. **Note: You can use current forms for blood collection up to December 31, 2012.**