

Florida Newborn Screening Metabolic Specimen Collection Card Hearing Screening Section Instructions

Mark the results of the most recent hearing screen performed. **Complete information for each ear.**

Mark the testing method used for the most recent hearing screen performed. Example: If the baby refers on an OAE and then is tested using an ABR, mark ABR.

If a baby passes in one ear using OAE, mark OAE. If the other ear refers on OAE and then passes using ABR, mark ABR for that ear. You may have different methods of testing for each ear.

IF YOU PERFORM AN OAE and ABR, DO NOT MARK BOTH METHODS FOR THE SAME EAR. MARK THE LAST TESTING METHOD ONLY.

HEARING SCREENING DARKEN CIRCLES THAT APPLY		<table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 30px; text-align: center;">M</td> <td style="width: 30px; height: 30px; text-align: center;">M</td> <td style="width: 30px; height: 30px; text-align: center;">D</td> <td style="width: 30px; height: 30px; text-align: center;">D</td> <td style="width: 30px; height: 30px; text-align: center;">Y</td> <td style="width: 30px; height: 30px; text-align: center;">Y</td> </tr> </table>				M	M	D	D	Y	Y
M	M	D	D	Y	Y						
HEARING SCREENING DATE											
RIGHT EAR <input type="radio"/> PASS <input type="radio"/> REFER <input type="radio"/> OAE <input type="radio"/> ABR	LEFT EAR <input type="radio"/> PASS <input type="radio"/> REFER <input type="radio"/> OAE <input type="radio"/> ABR										
HEARING RISK STATUS: (DARKEN CIRCLES THAT APPLY)											
<input type="radio"/> FAMILY HISTORY	<input type="radio"/> PPHN	<input type="radio"/> ECMO	<input type="radio"/> BIRTH WEIGHT <1500 GRAMS								
<input type="radio"/> EXCHANGE TRANSFUSION FOR HYPERBILIRUBINEMIA											
REASON HEARING WAS NOT SCREENED PRIOR TO DISCHARGE: (DARKEN ALL CIRCLES THAT APPLY)											
<input type="radio"/> PARENT/GUARDIAN REFUSED			<input type="radio"/> MISSED								
<input type="radio"/> FACILITY TRANSFER			<input type="radio"/> BIRTH DEFECT								
<input type="radio"/> NOT YET SCREENED (NICU)			<input type="radio"/> BABY EXPIRED								

Mark the date of the most recent hearing screen performed.

Darken the circle of any risk factors present. While NICU is considered a risk factor, this status is indicated elsewhere on the card.

If the hearing screen was not performed prior to discharge, darken the circle for the reason it was not performed. If the hearing screen was performed prior to discharge, leave this section blank even if results are not available prior to when the specimen card is required to be sent to the lab. In this case, report results on a separate "INFORMATION ONLY" specimen card or use the [Repeat Hearing Screen form](#). If the screening was not done due to broken equipment, choose "MISSED". It is not appropriate to darken "NOT YET SCREENED (NICU)" if the baby is/was not in the NICU.

The hearing tear off sheet may be provided to family. If another mechanism is in place to communicate results of the hearing screen to family, the tear off sheet may be stored in the chart or discarded. DO NOT send specimen card to lab with hearing tear off sheet still attached.