

Newborn bloodspot screening recollection letters

- electronic delivery



Purpose

Guidelines for managing newborn bloodspot screening (NBS) recollection letters sent by password protected attachments (PDFs) to all maternity providers in Victoria.

Recollection (of a repeat sample) is necessary when a test result is unclear or compromised in some way.

Aims

- To improve the turnaround time of repeat samples, which supports early diagnosis and therefore improved outcomes for babies.
- To decrease the number of recollections unable to be obtained, due to families being discharged from hospital care and third party service delivery delays.

Responsibility

As per DHHS Newborn Bloodspot Screening Guidelines 2018:

- Each hospital must nominate two newborn bloodspot liaison email addresses and provide details to the NBS lab.
- Each hospital will ensure processes are in place to manage staff leave so the NBS recollection letters can be actioned.

Process

Recollection letters will be sent by secure password protected attachments (PDF) to the two nominated NBS liaison email addresses.

The sending email address will be: nbsreports@vcgs.org.au

When you open the attachment you will be asked to enter a password. The password will be sent to the two nominated NBS liaison email addresses 1 week prior to the commencement of the rollout. If passwords are forgotten they can be obtained by contacting the NBS lab.

Contacting the family

- Before contacting the family, review the reason for the recollection (see example in appendix 1). Appendix 2 lists the different reasons and includes steps to follow.
- Make arrangements to have the repeat sample collected
- Answer any questions related to the NBS recollection

Documentation

It is your legal obligation to document all contact attempts to the family, including dates, times and outcome.

If all reasonable attempts have been made to contact the family, but you are unable to do so, or they have failed to attend prior arranged appointments, please email the NBS lab along with all relevant paperwork at screeninglab@vcgs.org.au

Please note: Failure to obtain a follow up sample means **NO results** will be released for that baby.

Recollection Process

In the family's presence:

- Identify the unique NBS infant ID located on NBS recollection letter and place it in the box on the green NBS recollection card (as per appendix 3, shown as XXXX). Or alternatively, attach the recollection letter to the card when sending.
If you do not have a green recollection card you may use a white standard NBS card and write "repeat sample" at the top and the unique NBS infant ID against the UR number (as per appendix 3).
- Label the NBS card as per normal, documenting any name changes.
Please note: Recollection cards do not need to be signed by parents
- Collect the sample as per [NBS collection guidelines](#) and return card to the laboratory via courier or mail using addresses below.
- Reassure the family that they will not hear anything if results are normal. They will only be contacted if the repeat sample remains abnormal, at which time a clinical management plan will be arranged.

Dispatching Sample

Courier address:

Urgent - Guthrie Cards
Newborn Bloodspot Screening Laboratory
Victorian Clinical Genetics Services
Specimen Reception
4th Floor East building
50 Flemington Road
Parkville VIC 3052

Mailing address:

Urgent – Guthrie Cards
Newborn Bloodspot Screening Laboratory
PO Box 1100
Parkville VIC 3052

Victorian Clinical Genetics Services Specimen Reception is open Monday to Friday 8:30am – 5:00pm.

Outside of these hours please go to:

Royal Children's Hospital Core Laboratory
4th Floor East Building
50 Flemington Road
Parkville VIC 3052

They are located on the same floor just further along corridor and are open 7 days a week.



Victorian Clinical Genetics Services
Murdoch Childrens Research Institute
Flemington Road, Parkville, VIC 3052 Australia
P +61 3 8341 6201 F +61 3 8341 6390
W vcgs.org.au ABN 51 007 032 760

Patient: CITIZEN
Of Sarah

NBS Infant ID: 2345678

DOB: 01-Jan-2018 3:32 **Gest:** 40 wks

Sex: M

Practitioner: Dr NE DOCTOR

Birth Hosp: XXX **Ph:** 9999 1111

External UR: 1234567

Father's Name: Parent Not Named

Mother's Name: Sarah

Parent's address: 123 Blue Lane
MELBOURNE VIC 3000

DO NOT DISTURB

Dr NE DOCTOR
ABFAB MEDICAL CENTRE
Locked Bag 1234
MELBOURNE VIC 3001

Newborn Screening Laboratory

Recollect Request

Metabolic Recollection

This sample has produced borderline abnormal results for some metabolic analytes. Please note that this could be due to jaundice, maternal effects, prematurity or other factors. While not typical for a newborn screening disorder, these results do require follow-up.

Another sample should be collected using a recollection (green) card, without delay and sent immediately to the laboratory.

If you are unable to contact the parents please email the laboratory at screeninglab@vcgs.org.au.

VCGS sample #:	Date Collected:	Date Rec'd:
2345678-AAA	04-Jan-18	05-Jan-18

PATHOLOGY

Abnormal metabolic profile

This sample has produced borderline abnormal results for some metabolic analytes. Please note that this could be due to jaundice, maternal effects, prematurity or other factors. While not typical for a newborn bloodspot screening disorder, these results do require follow-up.

Abnormal TSH level

The TSH result for this sample falls within a borderline region, which may be indicative of Congenital Hypothyroidism, but requires a follow up test to ensure that a related disorder is not present.

Unsatisfactory samples

The sample could not be satisfactorily tested because there was insufficient blood for testing, samples were clotted, or our tests show the possibility of contamination of the sample during collection or transport.

Missing data

The sample could not be satisfactorily tested because it is missing the date and/or time of birth or date and/or time of sample collection. Results will not be released until the laboratory is notified of the missing information. Please check all dates and times and contact the laboratory with the correct details.

Please review the maternal/baby's records for missing data. If you find the sample was in fact taken >48 hours, then a recollection is not required. Please contact the NBS lab with the updated information by emailing screeninglab@vcgs.org.au.

However, if the missing information cannot be found, then a recollection will need to be arranged.

NBS Recollection Guthrie card

SOAK BLOOD FROM THE OTHER SIDE

VICTORIAN NEWBORN SCREENING LABORATORY

XXXX RECOLLECTED SAMPLE

COMPLETE ALL DETAILS OR USE HOSPITAL LABEL BELOW

Baby's FULL NAME _____

Mother's FULL NAME _____

UR _____

Doctor's Name _____

Date of birth / / time 24:00hr _____

Date of sample / / time 24:00hr _____

Gestation: weeks Current weight: g Twin ¹/₂ _____

Breast Feed Formula Type TPN Male Female

Relevant Clinical / Family History _____

Collector's Name _____

Newborn Screening Consent
I have received and understood the information in the newborn screening brochure. I consent to my baby having blood collected for the newborn screening test. Yes No

Secondary Research Use
I understand that blood from stored screening cards can be used occasionally for de-identified health research. I choose to make my baby's blood sample available for this purpose. Yes No

Parent Signature: _____

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NBS Standard Guthrie card

SOAK BLOOD FROM THE OTHER SIDE

VICTORIAN NEWBORN SCREENING LABORATORY

BIRTH HOSPITAL

Repeat sample

USE HOSPITAL LABEL BELOW

Baby's FULL NAME _____

Mother's FULL NAME _____

UR **NBS ID XXXXX**

Doctor's Name _____

Date of birth / / time 24:00hr _____

Date of sample / / time 24:00hr _____

Gestation: weeks Current weight: g Twin ¹/₂ _____

Breast Feed Formula Type TPN Male Female

Relevant Clinical / Family History _____

Collector's Name _____

Newborn Screening Consent
I have received and understood the information in the newborn screening brochure. I consent to my baby having blood collected for the newborn screening test. Yes No

Secondary Research Use
I understand that blood from stored screening cards can be used occasionally for de-identified health research. I choose to make my baby's blood sample available for this purpose. Yes No

Parent Signature: _____

Related Documents

[DHHS Newborn Bloodspot Screening Policy and Guidelines 2018](#)

[Newborn bloodspot screening e-tool](#)

[NBS Collection Guidelines](#)