

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-5357; Fax (207) 287-4743
TTY: Dial 711 (Maine Relay)

Newborn Pulse Oximetry Screening for Critical Congenital Heart Disease Report Form

Submitter (Hospital/Birth Center/Midwife) _____

Infant Location: Newborn Nursery NICU/CCN Home Other Specify: _____

Infant Last Name: _____ Infant First Name: _____

Infant DOB: ___/___/___ Time (military): _____ Sex: Male Female

Infant MRN: _____

Mother Last Name: _____ Mother First Name: _____ DOB: _____

Baby's Doctor: _____ Phone Number: _____

CCHD Screen Completed Date: ___/___/___

Screen 1 Time _____:_____ **Right Hand O2** _____% **Foot O2** _____%
Result Pass Fail Rescreen

Screen 2 Time _____:_____ **Right Hand O2** _____% **Foot O2** _____%
Result Pass Fail

CCHD Screen Not Completed Reason:

Known CCHD On O2 ECHO Parent Refused

If screen refused, submit completed CCHD Screen Refusal Form (link)

Suspected or confirmed congenital heart defects also need to be reported to the Maine Birth Defects Program <https://forms.smartchstsme.com/#/mebdreport>

Mail or fax completed form to: Department of Health and Human Services Maine Birth Defects Program 11 SHS, 7th Floor, 286 Water Street Augusta, ME 04333-0011 Fax: (207) 287-5355