

Newborn Hearing Screening Transfer Form:

Reporting Results for Transferred Infants

Minnesota Newborn Screening Program



Instructions for the receiving hospital/unit:

- 1 Screen the infant's hearing
- 2 Complete the form below
- 3 Fax this form to (651) 215-6285
Attn: MDH Newborn Screening Program



PLEASE NOTE: The hospital that discharges the newborn home is responsible for screening the infant and reporting the results to MDH (Minnesota Statute 144.966).

Demographics

Infant's Name: _____

Infant's DOB: _____

Mother's Name: _____

Transferring Hospital/Unit: _____

Receiving Hospital/Unit: _____

Hearing Screening Results

Date of Newborn Hearing Screen: _____

Right Ear: PASS
 REFER

Left Ear: PASS
 REFER

Screening Method: AABR OAE

If the infant did not pass, schedule an appointment with audiology:

Date and Location: _____

