

NEWBORN SCREENING CENTER-MINDANAO
SOUTHERN PHILIPPINES MEDICAL CENTER
(FORMERLY DAVAO MEDICAL CENTER)

J.P. Laurel Avenue, Davao City, 8000 Philippines
Telephone: (082) 226-4595, Fax: (082) 227-4152
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**TO: THE MEDICAL DIRECTOR/ADMINISTRATOR/CHIEF OF HOSPITAL/
NBS COORDINATOR**

FROM: SHEILA MAE B. GUILARAN
Program Manager

NOTED BY: CONCHITA G. ABARQUEZ, MD, FPPS
Unit Head

RE: 09.1 - NEWBORN SCREENING FACILITY (NSF) PROTOCOLS AS OF MARCH 20, 2023

Please see attached Newborn Screening Facility (NSF) Protocols with the following contents:

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We are hoping for your unwavering support to the National Comprehensive Newborn Screening System.



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NEWBORN SCREENING FACILITY PROTOCOL

A. ORDERING

1. All health facilities must use Purchase Order (P.O.) form in ordering NBS Specimen Collection kit. If a health facility does not have its own P.O., they may reproduce and use NSC-Mindanao's Purchase Order Template (Please see attached Purchase Order Template). **P.O. number, date of P.O., Hospital Code and quantity ordered must be indicated.**
2. The minimum allowable order per P.O. is (3) Three ENBS Specimen Collection kits.
3. ENBS costs 1750 per kit. NBS kits contain the following:
 - Filter card
 - Transmittal Form
 - Lancet
 - NBS Brochure
4. P.O. must be signed and approved by the authorized personnel.
5. Send your P.O. through any of the following mode: email (nbsprogram@nscmindanao.ph), courier (along with NBS samples), mail or fax.

- a. If courier or mail, send it to:

Newborn Screening Center Mindanao
Southern Philippines Medical Center
J. P. Laurel Ave., Davao City 8000

- b. If fax, fax to (082) 227-4152. Please immediately confirm through phone call if P.O. was received.
- c. If walk-in, go directly to the NSC-Mindanao.

6. **For pick-up purchases**, please observe the schedules below:

Time of receipt of P.O.	Release of NBS Kits
8:00 am to 11:00 am	3:00 pm of the same day
11:00 am to 5:00 pm	3:00 pm of the next working day

NOTE:

- After sending the P.O. through fax, please inform the NSC-M through phone call that the order will be picked up and on what date. Write the information in the P.O., otherwise, it will be sent via courier.
- If NSF failed to pick up the kits on the specified date, the kits will be sent automatically to the facility via courier following the seven (7) working days' lead time.
- P.O. will be processed if NSF has no outstanding balance or accounts for reconciliation.

B. DELIVERY

1. Orders will be delivered within seven (7) working days upon receipt of the P.O. If there are changes in the delivery schedule, NSF's will be notified.
2. Ordered supplies may be picked up at the NSC-M or may be sent to the facility through couriers.
3. The following are the duly authorized and official couriers under NSC-M:
 - a. Air 21 / HyperSpeed
 - b. WWW Express / DHL
 - c. JRS Express
 - d. Aboitiz One, Inc. / 2GO
4. The Customer's Statement of Account will be sent with the NBS kits.
5. P.O. will be automatically put on-hold if the NSF has any unsettled accounts for reconciliation with NSC-M or if order form lacks important details.
6. The NSF must inform NSC-M within the day if there is any discrepancy in the delivery, otherwise, the NBS kits shall be deemed received in good order and condition.

C. PAYMENT

1. The Term of Payment is the period given by NSC-M for the health facility to pay the ordered NBS Specimen Collection Kits.

Terms of Payment: **60 days**

2. Any unpaid account after the given term shall be charged **2% interest per month** until fully paid.
3. Payment may be made through any of the following ways:
 - a. **Direct CASH/Check Payment to NSC-M Cashier**
All Check Payments must be payable to: **Newborn Screening Center Mindanao**
 - b. **Land Bank of the Philippines (LBP), Development Bank of the Philippines (DBP)**
(Please see attached samples of Landbank's On Coll Slip, and DBP's Deposit Accommodation Form)

Land Bank's on Coll payment slip should contain the following:

- i. Date:
- ii. Account Name/ Merchant/Agency Name: **Newborn Screening Center - Mindanao**
- iii. Account Number : **2562-2220-25**
- iv. Reference 1 : **<Facility Code & Name of Facility>**
- v. Reference 2 : **<Purchase order number/ Sales Invoice number>**

DBP's Interbranch Deposit Form should contain the following:

- i. Account Name : **Newborn Screening Center - Mindanao**
- ii. Account Number : **0915-02-358-1030**
- iii. Date:

- iv. Depositor/Representative: < **NSF/Hospital Code** > & < **NSF/Hospital Name** >
 - < **Contact No.** >
 - < **P.O. Number** >
 - < **Sales Invoice Number** >

c. Postal Money Order

All Postal Money Order must be payable to: **Newborn Screening Center - Mindanao**

- 4. The official banks of NSC-Mindanao are:
 - a. **Land Bank of the Philippines (LBP)** Acct. No. 2562-2220-25
 - b. **Development Bank of the Philippines (DBP)** Acct. No. 0915-02-358-1030
- 5. An original / photocopy/ fax machine validated deposit slip **MUST** be sent to NSC-M for proper recording/posting and issuance of **OFFICIAL RECEIPT**.
- 6. The original Official Receipt (O.R.) will be issued and sent only after the full payment is made. For checks, O.R. will be released after the check is cleared by the bank.

PLEASE TRANSACT ONLY WITH OUR OFFICIAL BANKS. ANY CHANGES IN THE PAYMENT METHOD WILL BE FORMALLY COMMUNICATED TO YOU THRU RELEASE OF OFFICIAL MEMORANDUM

D. COURIER MATTERS

- 1. **NAME OF COURIER:** **AIR21**
 - ACCOUNT NUMBER: 100017631
 - CONTACT NUMBER: (082) 222-1264
 - FAX NUMBER: (082) 222-1265
- 2. **NAME OF COURIER:** **DHL (WWW Express Corp.)**
 - ACCOUNT NUMBER: 642213117
 - CONTACT NUMBER: (082) 221-5364 or (082) 226-8946
- 3. **NAME OF COURIER:** **JRS EXPRESS**
 - ACCOUNT NAME: Newborn Screening Center - Mindanao
 - CONTACT NUMBER: (082) 221-3918 or (082) 221-5536
- 4. **NAME OF COURIER:** **ABOITIZ ONE, INC (2GO)**
 - ACCOUNT NUMBER: 2010139900
 - CONTACT NUMBER: (082) 234-3771 or (082) 235-8006

The protocol in sending NBS blood samples using courier are as follows:

- a. Use the courier's **SMALL POUCH** in sending samples.
- b. For NSFs in Davao City, call the courier's main office to request for pick-up and mention the account number of NSC-Min.
- c. For Provincial NSFs, call the courier's main office and ask for the contact number of the station/branch nearest to the facility. Call the courier provincial station to request for pick-up and mention the account number of NSC-M.
- d. Answer all inquiries regarding contact details and addresses.
- e. Ask for a booking reference for tracking purposes. Cut-off time for booking at Davao City area is at 2:00 PM. Provincial booking will depend on each provincial branch. Ask for the corresponding cut-off time for your own reference.

- f. Fill-out the airwaybill for the shipper's detail. NSC-Min is the consignee. **Do not forget to write the account number of NSC-M and tick the box for bill consignee.**
- g. The request for airwaybill and small pouches is coordinated with nearest courier office. The request should be relative to the average number of samples. Please request ahead of time to allow ample time for supplies preparation and distribution.
- h. **OPEN-POUCH Policy** shall be strictly implemented. All contents of the pouch shall be disclosed to the receiving courier.

ONLY POUCHES CONTAINING FILTER CARDS SHALL BE CHARGED TO NSC-M ACCOUNT

E. RESULTS

1. NSC-M releases two types of results: the individual/patient's copy (white copy) and the Summary Report of results (yellow copy) for NSF. All results will be MAILED directly to all newborn screening facilities 7 to 14 working days from the time the NBS sample was received at NSC-M.
2. **NSC-M will fax only results with positive screen.** This will be followed up immediately by phone call in which NSC-M relays the urgent result to the NSF's person-in-charge of elevated/positive results.
3. For unsatisfactory samples such as no feeding, missing information, less than 24 hours, late receipt of samples, contaminated and insufficient samples, NSC-M will immediately call the NSF within 24-78 hours upon receipt of blood samples. A hard copy will be sent to the facility via courier.
4. Patients' copy of NBS result is claimed at NSF. Please inform your patients that no results will be claimed or released at the NSC-M. Your health facility should designate one person to handle receiving and issuance of all NBS results.
5. Relay of Feeding and Missing Information.

Please be reminded that the newborn screening laboratory preferred that data on feeding and other missing information (e.g. date and time of birth/collection, age of gestation, birthweight) be relayed through a duly signed (with printed name and signature) letter from the Overall NBS coordinator or person-in-charge of newborn screening. Data sent through email, text message or call from an official representative to update data is accepted if update is received the same day of recall

- **DO NOT USE ANOTHER FILTER CARD TO RELAY MISSING INFORMATION OR FEEDING.**
- **ANY INCOMPLETE INFORMATION WILL CAUSE DELAY IN RELEASING OF RESULTS.**

The updated results of your patients will be available 7-14 working days after receipt of your valid letter, email or call on the missing information. The second copy of these results will be sent to your health facility through mail.

6. Proper Documentation of Data

Please use the guide below for recording all pertinent data of your patients before sending the blood sample to our laboratory. This will help you check the completeness of the information on the filter card to avoid having a result of no feeding and missing information.

The logging of filter card number will help you facilitate your Philippine Health Insurance Corporation (PHIC) requirements for newborn care package claims. Ensure that the PHIC sticker is removed from the filter card before sending the samples to NSC-M. The Center cannot guarantee to return the sticker to you if the filter cards are already sorted and processed.

Mother's Name	Date and time of birth	Date and time of collection	Sex	Birth Weight (g)	Feeding	Filter card no.	Pick up no. and way bill no.	Date sent	Address	Contact number	Result	Date received	Claimed by	Date claimed

7. Request for Card Replacement

Letter of request must be sent to NSC-Mindanao or request must be noted on the purchase order form. Please see page 11 for copy of the letter request template.

The Card replacement is free and will be shouldered by NSC-M for the following reasons only:

- **Positive initial screen for CAH, CH, Gal, PKU &MSUD, Organic Acidurias, FAOD, Amino Acid Oxidation Disorder, Biotinidase Deficiency, Cystic Fibrosis**
- **Insufficient blood samples (ON THE FIRST REPEAT ONLY)**
- **Contaminated samples (ON THE FIRST REPEAT ONLY)**
- **Late (case to case basis)**
- **< 24 hours**
- **NPO/TPN**
- **BT**

REMINDER: Include the names of patients and reason for replacement (i.e. Contaminated, etc.) at the next Purchase Order.

NOTE:

- The replacement cards will be sent together with your next order.
- Filter cards will be replaced **only if we have received the "used" cards.**
- Replacement rules are subject to change.

This is to clarify issues on repeat sample collection using filter cards purchased under P.O. System. Below is a card replacement matrix for your reference guide.

	CONDITION	REPLACEMENT	PROCEDURE	REMARKS
1	Positive Results requiring repeat collection on filter card	FREE	Indicate the names of the patients on your next P.O.	No extra charge/fee to the patient
2	Contaminated Samples	FREE (as per evaluation of laboratory) on the first repeat only	Indicate the names of the patients on your next P.O.	No extra charge/fee to the patient
3	Insufficient Samples	FREE (as per evaluation of laboratory) on the first repeat only	Indicate the names of the patients on your next P.O.	No extra charge/fee to the patient
4	Taken <24 hours	FREE on the first repeat only	Indicate the names of the patients on your next P.O.	No extra charge/fee to the patient
5	Late (sample received at NSCM)	Case to case basis	Indicate the names of the patients on your next P.O.	No extra charge/fee to the patient

	CONDITION	REPLACEMENT	PROCEDURE	REMARKS
	lab >14 days date of collection)			
6	On BT	Number of repeat collections depends of timing and type of blood component transfused. All repeat collections will be replaced for FREE	Indicate the names of the patients on your next P.O., please indicate if 1 st repeat for post BT or 2 nd repeat for post BT	No extra charge/fee to the patient
7	On NPO/TPN/Soy	Repeat collection needed once patient is on lactose containing milk. FREE if done under these circumstances.	Indicate the names of the patients on your next PO.	No extra charge/fee to the patient
8	LBW (LOW BIRTHWEIGHT)	NONE	N/A	Charge to the patient
9	Preterm Babies	NONE	N/A	Charge to the patient
10	Sick Babies (under intensive care)	NONE	N/A	Charge to the patient

To avoid the inconvenience of recalling a patient due to items # 2-7, below are some suggestions:

	CONDITION	SUGGESTIONS
1	Contaminated Samples	Always refer to the spot check poster. Avoid layering. Avoid dropping another blood on top of another just to satisfy the circles. You can drop another blood on any area on the white strip of the absorbent part. Avoid using capillary tube. Ensure samples are air dried properly for at least 4 hours, avoid smearing or touching the blood with bare hands.
2	Insufficient Samples	Always refer to the spot check poster. Make sure that the blood soaks through the card (check the back of the filter card). Make sure that size of the specimen is enough for testing. The laboratory needs at least 8-hole punches (3mm in diameter per punch) for testing.
3	Taken <24 hours	Ensure that time and date of birth and collection entries on the filter card follow the dd/mm/yyyy format and tick if it is AM or PM. NBS Sample is ideally collected after 24 hours from birth
4	Late	are samples that arrive at the laboratory more than 14 days from date of sample collection. Results are unreliable. Make sure that samples are sent immediately after they have been air-dried for 4 hours. DO NOT BATCH SAMPLES.
5	Missing information	Make sure that all data in the filter card are filled in prior to sending of blood samples.
6	No feeding	

		Please check/tick the number corresponding to the type of feeding given and double check the data before sending the blood samples.
7	On BT	Ideally, collect blood sample before any blood transfusion procedure
8	On NPO/TPN/Soy	Perform blood collection before putting baby on NPO/TPN/Soy (if possible). Lactose feeding is necessary for the interpretation and analysis of GAL, AMINO ACID DISORDERS, FATTY ACID OXIDATION DISORDERS AND ORGANIC ACIDURIAS

F. CONTACT DETAILS

For more information, please contact the following numbers:

CONCERNS	CONTACT PERSON	CONTACT NUMBERS
PURCHASE ORDER	Ms. Lory Jane Juntong	09088917807 Telephone No. (082)224-0337 Fax No. (082) 227-4152
ACCOUNTING CONCERNS	Ms. Elena Lucariza, CPA Ms. Myla Carillo	09088917807 Telephone No. (082)224-0337 Fax No. (082) 227-4152
PATIENT URGENT RESULTS	Mr. Edbert Jasper M. Jover, RN, MSGC Ms. Aple T. Tadas, RN Mr. Ram Christian Cossid, RN Mr. Romer Guerbo, RN, MSGC Ms. Grace Canoy, RN, MSGC	09088905673 09989878034 09088944625 09088802886 09190656548 Telephone No. (082)226-4595
LABORATORY CONCERNS (UNSATISFACTORY SAMPLES)	Ms. Lira Mungcal, RN	09989633577 Telephone No. (082)2275532
PROGRAM CONCERNS	Ms. Sheila Mae Guilaran Ms. Perly Bermudez, RMT Mr. Ronald Aguilar, RN	09088944624 09998870320 09088155587 Telephone No. (082)3053897

G. ATTACHMENTS

PURCHASE ORDER TEMPLATE

< NAME OF FACILITY >
< ADDRESS >
< CONTACT NUMBER/S >

Purchase Order No. _____

Date _____

Hospital Code _____

To: NEWBORN SCREENING CENTER–MINDANAO

Southern Philippines Medical Center
(Formerly Davao Medical Center)
J.P. Laurel Ave., Davao City
8000


Terms 60 days	Delivery Date 7 working days	Deliver To
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Please furnish the following articles/services:




Unit	Description	Qty	Unit Price	Total Amount
Kit	<input type="checkbox"/> NBS Collection Kit for EXPANDED NBS (Filter card, Lancet, Transmittal Form, NBS Pink Brochure and ENBS Fact Sheet) ***Minimum of 5 Kits per P.O.		Php 1750.00	
	<i>Other requests:</i> <input type="checkbox"/> Extra NBS posters <input type="checkbox"/> Extra NBS brochures (minimum of 10 pcs.) <input type="checkbox"/> Additional drying rack (maximum of 1 pc per year)		Php 10.00 Php 1.00 No charge	
pc				
pc				
pc				
Total				

Requested by:	Approved by:	Noted by:
Signature over Printed Name	Signature over Printed Name	Signature over Printed Name
Position	Position	Position

Sample accomplished Land Bank's On Coll payment slip

ONCOLL PAYMENT SLIP This is your receipt when machine validated	 LAND BANK OF THE PHILIPPINES ONCOLL PAYMENT SLIP	Date October 3, 2009	
	Please check the appropriate mode of payment. <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit from Account		
	MERCHANT/AGENCY DEPOSIT ACCOUNT NUMBER 2 5 6 2 2 2 2 0 2 5	MERCHANT/AGENCY NAME NEWBORN SCREENING CENTER - MINDANAO	
	Reference Number 1 2417 Espiritu Medical Clinic & Hospital	Printed Name and Signature of Payor/Depositor/Representative	
	Reference Number 2 P.O.# 001 / S.I.# NSCM-000001	Teller's Validation	
	Reference Number 3 (Numeric)		
	Amount		

SAMPLE accomplished DBP's Interbranch Deposit Form

 Development Bank of the Philippines		DEPOSIT SLIP		MACHINE VALIDATION 	
ACCOUNT NAME Newborn Screening Center Mindanao		CASH DEPOSIT			
ACCOUNT NUMBER 0 9 1 5 0 2 3 5 8 1 0 3 0	DATE: (mm/dd/yy) 10 03 09	Denominations	QTY	AMOUNT	
				PESOS	CTVS
		1,000.00			
		500.00			
		200.00			
		100.00			
		50.00			
		20.00			
		10.00			
		5.00			
		Coins			
<input checked="" type="checkbox"/> CASH ONLY <input type="checkbox"/> LOCAL CHECK <input type="checkbox"/> ON-US CHECK <input type="checkbox"/> REGIONAL CHECK		TOTAL CASH DEPOSIT P			
TOTAL DEPOSIT P 					
SIGNATURE OF DEPOSITOR / REPRESENTATIVE 2417 Espiritu Medical Clinic & Hospital P.O. # 001 (084)829-0163/09086651322 S.I. # NSCM-000001					
This deposit is made and accepted subject to the conditions printed on the reverse side and on the rules & regulations governing savings & current deposit accounts. This is your receipt when machine validated.					
Member: MEGALink PDIC		KINDLY FILL-OUT SEPARATE S			

Note: Please do not copy the facility details used in the example above. Please provide transaction details of your own facility

FILTER CARD REPLACEMENT REQUEST TEMPLATE

Date:

Dr. Conchita G. Abarquez, FPPS
Unit Head
Newborn Screening Center-Mindanao

Thru: Lory Jane Juntong
Administrative Assistant II
Purchase Order Processing Unit

Dear **Dr. Abarquez**,

We are humbly requesting the replacement of filter cards used for the repeat sample collection of the following patients:

Name of Patient (Baby's Last Name, Mother's First Name)	Filter Card Number	Baby's Date of Birth	Reason for Repeat Sample Collection

Thank you very much.

Sincerely,

Printed Name and Signature:

Designation: