



Newborn Screening Center - Northern Luzon

Mariano Marcos Memorial Hospital and Medical Center

4F/5F MMMHMC Laboratory Bldg. Brgy. 6 - San Julian, Batac City, Ilocos Norte 2906

Telefax No.: (077) 677 3161 ♦ Telephone No.: (077) 600 8088

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Date : March 9, 2022

To : The Medical Director/Administrator/Chief of Hospital/NBS Coordinator

From : **ANTHONY JAMES F. ALMAZAN, RN, MAN**
Program Manager

Noted : *Maria Paz Virginia K. Otayza*
MARIA PAZ VIRGINIA K. OTAYZA, MD, MPH, FPPS, FPSNB
Unit Head

Re : **UPDATED NSC-NL ADMINISTRATIVE MECHANICS**

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

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Thank you for your unwavering support to the NBS Program!

Expanded Newborn Screening is now covered by Philhealth!





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I. METHOD OF PROCUREMENT

A. DOH Memorandum. In compliance to the *DOH Memorandum 2017-0170*, all purchase orders for Newborn Screening Blood Sample Collection Kits and all Newborn Screening Blood specimen from Newborn Screening Facilities (NSF) under Region I (Ilocos) and Region II (Cagayan Valley) shall be forwarded to:

Newborn Screening Center – Northern Luzon
Mariano Marcos Memorial Hospital and Medical Center
4F/5F MMMHMC Laboratory Bldg.
Brgy. 6 - San Julian, Batac City, Ilocos Norte 2906

B. Duly Accomplish Purchase Order Form. An existing Purchase Order (PO) form may be utilized and should be accomplished by Newborn Screening Facilities (NSF) in the procurement of Newborn Screening Kit. NSF with no existing P.O. form may use NSC-Northern Luzon's Purchase Order Template. (*Please see attached PO Template*)

1. **Completely fill up the PO Form.** The following information are IMPORTANT to be provided to avoid interruption of PO transaction with NSC-NL:

- a. **Facility Name and Code**
- b. **Address of Facility**
- c. **Contact Number**
- d. **Purchase Order Number**
- e. **PO Date**
- f. **Mode of Delivery**

Note: Please check the courier service provider and specify the address of the facility. For Pick-up, check the courier service provider and specify the branch

- g. **Quantity of NBS/ENBS Kits**
- h. **Total Amount**
- i. **Signed, Approved and Noted by Authorized Personnel**

C. NBS Specimen Collection Kit. The minimum allowable order per P.O. five (5) NBS Specimen Collection Kits for Expanded NBS.

1. A NBS Specimen Collection Kit comprises of:

- a. Filter Card
- b. Transmittal Form
- c. Lancets
- d. NBS Pink Brochure

2. Expanded NBS Specimen Collection Kit is worth **Php 1,750.00** only.

3. **Maximum amount of Php 50.00** is the allowable service fee for the collection of Newborn Screening samples to be charged by Newborn Screening Facilities.

D. Send duly signed and approved PO through the following:

MODE	INSTRUCTION	
EMAIL	<input checked="" type="checkbox"/> Scan duly signed and approved PO and send to <u>nscnorthernluzon@gmail.com</u>	
COURIER	<input checked="" type="checkbox"/> PO may be sent together with the specimen or payment <input checked="" type="checkbox"/> Send PO to this address: Newborn Screening Center – Northern Luzon Mariano Marcos Memorial Hospital and Medical Center 4F/5F MMMHMC Laboratory Bldg., Brgy. 6 - San Julian Batac City, Ilocos Norte 2906	
WALK-IN	<input checked="" type="checkbox"/> NOTE: NSFs are requested to inform Newborn Screening Center – Northern Luzon via phone call or text message one day before pick up of ordered kit <input checked="" type="checkbox"/> Proceed directly to: Newborn Screening Center – Northern Luzon Mariano Marcos Memorial Hospital and Medical Center 4F MMMHMC Laboratory Bldg., Brgy. 6 - San Julian Batac City, Ilocos Norte <input checked="" type="checkbox"/> NSF Personnel to pick up the NBS Kit is encouraged to present valid identification card. <input checked="" type="checkbox"/> Below is the schedule for processing Pick-up purchases	
	Time of PO Receipt	Release of NBS Kit
	08:00 am to 11:00 am	03:00 pm of the same day
	11:01 pm to 05:00 pm	03:00 pm of the next working day

D. On-Hold Purchase Order. The following may be reasons for an On-Hold Purchase Order which may cause unwanted delay:

1. **Unsettled Account.** PO will be automatically put on hold if the NSF has unsettled accounts for reconciliation. Notices of Collection with Statement of Account will be sent to your facility for further settlement of your past due accounts.
2. **Incomplete and incorrect information on PO document.** Necessary correction on the PO document should be communicated through a phone call or letter addressed to NSC-NL Unit Head.
3. **Three (3) Outstanding Purchase Orders Policy.** Maximum allowable number of outstanding PO, whether due or not due, is three (3). Succeeding orders are automatically put on-hold until settlement of at least one (1) of the outstanding PO has been made.

II. DELIVERY

- A. Delivery days.** Orders will be delivered within seven (7) working days upon receipt of the PO. If there are changes in the delivery schedule, NSF will be notified.

B. Mode of Delivery. Ordered supplies may be picked-up at NSC-NL or sent to NSF through couriers or MMMHMC Hospital Service.

C. Official Courier Service Provider.

PLEASE ALWAYS REFER TO UPDATED NSC-NL MEMO REGARDING COURIER SERVICE ADVISORY FOR PROPER GUIDANCE.

D. Billing Statement. The original Billing Statement will be sent together with the purchased NBS kits.

E. Discrepancies on Purchase NBS Kits. The NSF must immediately inform NSC-NL if there is any discrepancy in the delivery, otherwise, the NBS kits shall be deemed received in complete order and condition **within 24 hours upon receipt of delivery.**

III. PAYMENT

A. Terms of Payment. The period given by NSC-NL for the health facility to pay the ordered NBS Specimen Collection Kits is **60 calendar days** from the date of release of the billing statement for **Philhealth Accredited facilities** and **45 calendar days** for **Non-PhilHealth Accredited facilities.**

B. Unpaid Account. Any unpaid account after the given term shall be charged 2% interest per month until fully paid.

C. For Newly Accredited Newborn Screening Facilities. For newly accredited government and private lying- ins, maternity clinics or birthing homes as Newborn Screening Facilities, a minimum of five (5) kits may be ordered with the following provision:

Strictly Cash payment upon order for a period of one (1) year.

D. Mode of Payment. Payment may be made through any of the following ways:

1. Direct CASH / Check to MMMHMC Cashier

a. Please make all checks payable to:

MARIANO MARCOS MEMORIAL HOSPITAL AND MEDICAL CENTER

***Note:** Secure BILLING STATEMENT TRIPLICATE COPY at NSC-NL Administrative Office before proceeding to MMMHMC Cashier. The document shall be presented as reference upon payment at the Cashier. Kindly proceed to NSC-NL and provide the Administrative Staff a photocopy of the Official Receipt for faster posting of payment in your account.*

2. Deposit to Landbank of the Philippines using the **Online Collection Payment Slip**

a. Payment slip should contain the following information:

Account Name : **MMM&MC**
Account Number : **2132-2220-05**

Reference Number 1 : **Facility Code/Name of NSF**
Reference Number 2 : **Billing Statement Number**
Reference Number 3 : **Purchase Order Number**

Note: A scanned copy of the **ONCOLL Payment Slip** must be sent through mail to NSC-NL or through email at **nscnorthernluzon@gmail.com** for verification purposes. (Please see attached sample of duly accomplished ONCOLL Payment Slip)

3. Online Payment through Paymaya

- a. Paymaya, GCash, Visa/Mastercard/ Bancnet/JCB supported Debit/Credit card holders are accepted
- b. The online payment scheme has minimum transaction/convenience fee chargeable to the availing facility as follows:

Paymaya Account - P10.00
Others - 1.5225% of the Principal Amount

- c. Contact us NSC-NL Billing and Payment for the creation of the payment link
- d. Communicate only through the official contacts of NSC-NL to avoid online fraud or scams

IV. COURIER SERVICE PROVIDERS

- A. Sending of Blood Samples.** Send NBS Blood Samples ONLY through the official courier service providers of NSC-NL.

PLEASE ALWAYS REFER TO UPDATED NSC-NL MEMO REGARDING COURIER SERVICE ADVISORY FOR PROPER GUIDANCE.

Note: NSC-NL shall no longer reimburse courier fee expense for pouches sent through Courier Service Provider other than the official courier partner.

B. Protocols:

1. Use the courier's **SMALL POUCH** for sending NBS samples.
2. Ensure that the Newborn Screening Coordinator/Representative personally secures the NBS samples in the pouch and fills in required information.
3. Upon booking, **ask for the reference number for tracking purposes**. Ask the courier branch regarding corresponding booking and pick up cut-off time for your reference.
4. Fill out the airway bill for shipper's details. **NSC-NL is the consignee**. Do not forget to write the account number of NSC-NL and tick the box "bill consignee".
5. The request for airway bills and small pouches is coordinated with the nearest courier branch. The request should be relative to the average number of samples. Please request for these ahead of time to allow for preparation and distribution.
6. **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-NL ACCOUNT

V. NBS RESULTS

A. Forms of Printed Results. Two forms of printed results will be released by NSC NL, one (1) copy of Summary Report of Results/NSF's Copy (Yellow Form) and one (1) copy of Individual Result/Patient's Copy (White Form). 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 the NSC-NL.

B. Elevated/ Positively Screened Newborn. The Follow-up Nurse (FUN) will immediately send an e-mail and recall an elevated result/positive screened (for repeat and confirmatory testing). A printed result will be sent to the NSF via courier.

C. Unfit and Unsatisfactory Blood Samples. Unfit samples (contaminated and insufficient) for repeat and unsatisfactory samples (no feeding, missing information, less than 24 hours and late receipt of sample) will be sent via e-mail and recalled through phone call on the same day of receipt of blood samples. A hard copy will be sent to the facility via courier.

D. Claiming Patient's Printed Result. The patient's printed result must be claimed at the respective NSF. Please inform your patients that no results will be claimed or released directly at the NSC-NL. Your health facility should designate one person to handle receiving and issuance of all NBS results.

E. Second Copy of Result. Request for a second copy of result will require a letter addressed to the Program Manager/Unit Head of the NSC-NL, subjected for approval.

F. Relay of Feeding and Missing Information.

1. Please be reminded that the newborn screening laboratory will only accept feeding and other missing information (e.g. date and time of birth/collection) relayed through a duly signed (with printed name and signature) letter from the Overall NBS Coordinator or person-in-charge of newborn screening.

The NBS laboratory will not accept unsigned letters or any information relayed through phone call, text message or e-mail.

2. The updated results of your patients will be available 14 working days after receipt of your valid letter containing the missing information. The second copy of these results will be sent to your health facility through mail.

3. THERE IS NO NEED TO USE ANOTHER FILTER CARD TO RELAY INFORMATION OR FEEDING. ANY INCOMPLETE INFORMATION WILL CAUSE DELAY IN RELEASING OF RESULTS.

G. 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.

Mother's Name	Date & Time of Birth	Date & Time of Collection	Sex	Birth Weight (in g)	Age of Gestation (in wks)	Feeding Filter Card No.	Pick Up No. & Waybill No.	Date Sent	Address	Contact Number	Result	Date Received	Claimed By	Date Claimed
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Keeping the detachable filter card number is required to facilitate the process of Philippine Health Insurance Corporation (PHIC) claims for the newborn care package.

VI. NBS FILTER CARD REPLACEMENT

A. Free Card Replacement. The Card replacement is free and is shouldered by NSC-NL with the following reasons only:

1. Insufficient blood
2. samples
3. Contaminated samples
4. Positive initial screen for CAH, CH, Gal, PKU and MSUD
5. < 24 hours
6. Late

B. NBS Filter Card Replacement Request Form. Fill out a NBS Filter Card Replacement Request Form with the names of patients and reason for replacement (i.e. Contaminated, etc.) to be attached on the next purchase request. (Please see attached Purchase Order Form.)

1. The replacement cards will be sent together with your NBS results or next purchase, if it is less than 20 cards. If replacement cards are more than 20 then it will be sent immediately to your health facility.
2. Processing of the filter card replacement will follow the 14 days protocol from the date of receipt of 2nd card.
3. Replacement rules are subject to change.

C. Card Replacement Matrix. This is to clarify issues on repeat sample collection using filter cards purchased under PO system.

Below is a card replacement matrix for your proper guide.

CONDITION	REPLACEMENT	PROCEDURE	REMARKS
1. Elevated Result	<input checked="" type="checkbox"/> FREE	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO	<input checked="" type="checkbox"/> No extra fee should be collected from the patient
2. Contaminated Samples	<input checked="" type="checkbox"/> FREE (as per evaluation of laboratory) on the first repeat only	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO	<input checked="" type="checkbox"/> No extra fee should be collected from the patient
3. Insufficient Samples	<input checked="" type="checkbox"/> FREE (as per evaluation of laboratory) on the first repeat only	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO	<input checked="" type="checkbox"/> No extra fee should be collected from the patient
4. Taken <24 hours	<input checked="" type="checkbox"/> FREE on the first repeat only	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO	<input checked="" type="checkbox"/> No extra fee should be collected from the patient
5. Late (sample received by lab >10 days from sample collection date)	<input checked="" type="checkbox"/> FREE on the first repeat only	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO	<input checked="" type="checkbox"/> No extra fee should be collected from the patient

6. On Blood Transfusion (BT)	<input checked="" type="checkbox"/> 3 repeat collections are necessary for whole blood transfusion (2 days post BT, 2 weeks post BT and 120 days post BT). All will be replaced for FREE <input checked="" type="checkbox"/> 2 repeat collections are necessary for FFP transfusion (2 days post BT and 2 weeks post BT)	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO, please indicate if 1st repeat for post BT or 2nd, 3rd repeat for post BT	<input checked="" type="checkbox"/> No extra fee should be collected from the patient
7. On NPO/TPN/Soy	<input checked="" type="checkbox"/> Repeat collection needed once patient is on lactose containing milk. FREE if done under these circumstances.	<input checked="" type="checkbox"/> Indicate the names of the patients on your next PO.	<input checked="" type="checkbox"/> No extra fee should be collected from the patient
8. Outdated/ Defective Cards	<input checked="" type="checkbox"/> FREE only to those outdated/defective cards during time of release by NSC. <input checked="" type="checkbox"/> Subjected for evaluation of circumstances.	<input checked="" type="checkbox"/> Report within 24 hours upon receipt of cards. <input checked="" type="checkbox"/> Refer to NSC-NL Memo 059 - 2020 for card exchange of expired and near expiry cards.	<input checked="" type="checkbox"/> No extra fee should be collected from the patient

To avoid the inconvenience in recalling of patient due to Contaminated Samples and NPO/TPN/Soy below are some suggestions:

CONDITION	SUGGESTED ACTION
1. Contaminated Samples	<input checked="" type="checkbox"/> Always refer to the spot check poster. <input checked="" type="checkbox"/> Avoid layering or dropping another blood on top of another just to satisfy the circles. <input checked="" type="checkbox"/> Avoid using capillary tube. <input checked="" type="checkbox"/> Ensure samples are air dried properly for at least 4 hours; <input checked="" type="checkbox"/> Avoid smearing or touching the blood with bare hands.
2. Insufficient Samples	<input checked="" type="checkbox"/> Always refer to the spot check poster. <input checked="" type="checkbox"/> Make sure that the blood soaks through the card (<i>check the back of the filter card</i>). <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Samples ideal for testing is taken at least 48 to 72 hours after birth. But more than 24 hours is already acceptable. <input checked="" type="checkbox"/> Ensure that time and date of birth and collection entries on the filter card follow the dd/mm/yy format and tick if it is AM or PM.

4. Late for collection	<input checked="" type="checkbox"/> Samples that received at the NSC more than 14 days from date of sample collection. Results are unreliable. <input checked="" type="checkbox"/> Make sure that samples are sent immediately after they have been air dried for 4 hours. DO NOT BATCH SAMPLES.
5. Missing information	<input checked="" type="checkbox"/> Make sure that all data in the filter card are filled in prior to sending of blood samples.
6. No feeding	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Collect blood sample before transfusing whole blood or packed red blood cell or FFP (Fresh Frozen Plasma)
8. On NPO/TPN/Soy	<input checked="" type="checkbox"/> Perform blood collection before putting baby on NPO/TPN/Soy (if possible). Lactose feeding is necessary for the interpretation and analysis of GAL and PKU.

VII. CONTACT DETAILS

For inquiries, you may contact NSC-NL through following:

Short Term Follow-Up	
Mobile No.:	Positive Cases Nurse 1: 0908 673 1681 / 0935 848 7159 Nurse 2: 0929 611 7516 / 0975 478 5535 Nurse 3: 0929 789 6707 / 0956 748 5733 Nurse 4: 0999 483 5194 / 0975 478 5545
Email:	nscnl.fun@gmail.com
Purchase Order	
Mobile No.:	0970 642 9308 / 0926 911 4315
Email:	nscnorthernluzon@gmail.com
Billing and Payment	
Mobile No.:	0921 820 5965 / 0945 459 4382
Email:	nscnorthernluzon@gmail.com / acctg.nscnl@gmail.com
NBS Results	
Mobile No.:	0969 224 4199 / 0926 911 4311
Email:	results.nscnl@gmail.com
Unsatisfactory Samples	
Mobile No.:	0939 822 1665 / 0915 645 5006
Email:	unsat.nscnl@gmail.com
Program and Administration	
Mobile No.:	0949 595 7040 / 0975 478 5660
Email:	adm.pdo.nscnl@gmail.com



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PURCHASE ORDER

**Important to be filled up*

*Name of Facility	
*Address	
*Contact Number	

*PO No.	
*Date	
*Facility Code	

Terms	Delivery Date	*Mode of Delivery
60 days-Philhealth Accredited	7-10 Working Days	<i>Deliver To (Please indicate the address)</i>
45 days-Non Philhealth Accredited		<input type="checkbox"/> For Pick-Up <i>Pick up at (Please indicate the branch):</i> _____

Unit	*Description	*Qty	Price	*Total Amount
kit	<input type="checkbox"/> Expanded NBS Specimen Collection Kit (Filter card, Lancet, Transmittal Form, NBS Pink Brochure)		Php 1750.00	
pc	<input type="checkbox"/> Extra NBS posters		Php 10.00	
pc	<input type="checkbox"/> Extra NBS brochures (minimum of 10)		Php 1.00	
pc	<input type="checkbox"/> Extra Lancets		Php 6.00	
pc	<input type="checkbox"/> Additional drying rack (maximum of 1 pc per year)		No Charge	
*TOTAL				

Note: The minimum allowable quantity of kits per purchase order is **Five (5) NBS Collection Kits and/or Five (5) ENBS Collection Kits.**

FILTER CARD REPLACEMENT			
Name of Patient	Repeat Filter Card Number	ENBS	Reason for Replacement
1.			
2.			
3.			
4.			
5.			

Note: a) **For more than 5 replacements**, kindly use another sheet of paper as attachment; and b) Please refer to NSC-NL Administrative Mechanics for guidelines on filter card replacement.

*Requested by:	*Approved by:	*Noted by:
_____	_____	_____
<i>Signature over Printed Name</i>	<i>Signature over Printed Name</i>	<i>Signature over Printed Name</i>
_____	_____	_____
<i>Position</i>	<i>Position</i>	<i>Position</i>

Conforme (For NSC-NL):

Signature over Printed Name / Date



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**Sample of appropriately filled-up
 Landbank of the Philippines ONCOLL Payment Slip**

ONCOLL PAYMENT SLIP This is your receipt when machine validated	LAND BANK OF THE PHILIPPINES ONCOLL PAYMENT SLIP		Date	CLASS B
	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 1 3 2 2 2 2 0 0 5		MERCHANT/AGENCY NAME MMM&MC	
	Reference Number 1 Code / Name of Facility		Printed Name and Signature of Payor/Depositor/Representative	
	Reference Number 2 BS #0001		Teller's Validation	
	Reference Number 3 (Numeric) PO #0001			
Amount				

Front

CASH BREAKDOWN			CHECK PAYMENT		
NO. OF PIECES	DENOMINATION	AMOUNT		NAME OF BANK/BRANCH	
		PESOS	CTVS.	CHECK NUMBER	AMOUNT
	P1,000.00				
	500.00				
	200.00				
	100.00				
	50.00				
	20.00				
	COINS				
TOTAL CASH PAYMENT					
DEBIT ACCOUNT					
AUTHORIZED SIGNATURE		ACCOUNT NAME		ACCOUNT NUMBER	
BANK'S USE ONLY - APPROVAL FOR DEBIT ACCOUNT					
Signature Verified By:		Checked By:		Approved By:	
				Posted By:	

Back

A scanned copy of the **ONCOLL Payment Slip** must be sent through mail to NSC-NL or through email at **nscnorthernluzon@gmail.com** for verification purposes



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 17, 2017

DEPARTMENT MEMORANDUM

No. 2017- 0170

FOR : REGIONAL DIRECTORS, NEWBORN SCREENING CENTERS, NEWBORN SCREENING REFERENCE CENTER AND OTHER CONCERNED BUREAUS

SUBJECT : Transfer and Endorsement of the Newborn Screening Facilities in Regions I and II to Newborn Screening Center - Northern Luzon

The Newborn Screening Center–Northern Luzon (NSC-NL), strategically housed in Mariano Marcos Memorial Hospital and Medical Center, is scheduled to undergo evaluation by the DOH Health Facilities and Services Regulatory Bureau (HFSRB) and the Newborn Screening Reference Center as part of their accreditation process.

All Newborn Screening Facilities (NSFs) located in Regions I and II shall be placed under the NSC-NL which will be operational on **02 May 2017**. Newborn Screening (NBS) Samples from Region II will be transferred after the international accreditation. All transactions pertaining to the purchase orders for NBS Blood Sample Collection Kits and blood samples for newborn screening from Regions I and II shall now be forwarded to NSC-NL.

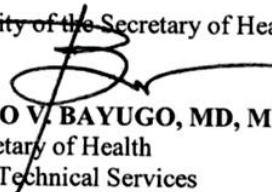
In preparation for this, please coordinate and facilitate the smooth transfer and endorsement of concerned NSFs currently being served by NSC-Central Luzon to the new NSC. Necessary arrangements for the endorsement of the said NSFs shall be done by the NSC-CL to the NSC-NL. Attached herewith is the list of the Newborn Screening Facilities in Regions I and II currently being served by the Newborn Screening Center-Central Luzon.

For inquiries, you may contact Dr. Maria Paz Virginia K. Otayza, Unit Head of NSC – NL at (077) 600-8088 or email at nscnorthernluzon@gmail.com.

Please be guided accordingly.



By Authority of the Secretary of Health:


GERARDO V. BAYUGO, MD, MPH, CESO III
Undersecretary of Health
Office for Technical Services