



Tennessee Department of Health
Newborn Screening Follow Up Program
1st Floor, R.S. Gass Building
630 Hart Lane, Nashville, Tennessee 37243
Phone (855) 202-1357 Fax (615) 532-8555

Critical Congenital Heart Disease (CCHD) Postnatally Diagnosed by Pediatric Cardiology
CONFIDENTIAL Quality Assurance Report Completed Data for DOH Use Only!

The Tennessee Newborn Critical Congenital Heart Disease Screening test can be affected by baby's age, medical or treatment status at the time of the pulse oximetry screening. The possibility of false negative or false positive results must always be considered when screening newborns for critical congenital heart disease. If an outpatient cardiology center/clinic postnatally diagnoses a newborn with one of the 12 targeted critical congenital heart diseases, this form should be submitted to the Newborn Screening Follow Up.

Cardiology Center: Complete and submit this form to the Newborn Screening Program, via fax 615-532- 8555 or email at NBS.Health@tn.gov if you have diagnosed an infant with one of the 12 CCHD that was not diagnosed before or during the initial birth hospitalization.

Child's First Name: _____ Child's Last Name: _____

Child's DOB: _____ Hospital of Birth: _____

Mother's Name: _____ City: _____ State: _____

Cardiologist: _____ Cardiologist's Phone Number: _____

CCHD Diagnosis Date: _____ Treatment Date: _____

Final Diagnosis (Select all that apply):

- | | |
|--|---|
| ☐ Coarctation of the Aorta | ☐ Double-Outlet right ventricle (DORV) |
| ☐ Ebstein's anomaly | ☐ Hypoplastic Left Heart Syndrome |
| ☐ Interrupted aortic arch (IAA) | ☐ Pulmonary Atresia |
| ☐ Single Ventricle | ☐ Tetralogy of Fallot |
| ☐ Total Anomalous Pulmonary Venous Return | ☐ Transposition of the Great Arteries |
| ☐ Tricuspid Atresia | ☐ Truncus Arteriosus |

CCHD initially indicated by: Postnatal diagnosis due to signs and symptoms following the initial birth hospital/home evaluation and screening.

Signature: _____ Date: ____/____/____

Print Name: _____