



**Pulse Oximetry Screening for Critical Congenital Heart Defects (CCHD)**

**Semi-Annual Report Form**

**Date:**

**Date Range (Please circle one):**

**Facility name:**

**January 1 – June 30**

➤ **Due by July 31**

**Name & contact number of person reporting:**

**July 1 – December 31**

➤ **Due by January 31**

	<b><u>Total</u></b>
• Total number of live births at facility	
• Total number of live births screened at facility with normal screening results	
• Total number of live births screened at facility with abnormal screening results	
• Total number of live births not screened due to parental decline	
• Notes (Ex: child was not screened due to transfer)	

**Please return to Sabra Anckner or Jessie Doherty:**

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