WAC 246-650-020 Performance of screening tests. (1) Hospitals and other providers of birth and delivery services or neonatal care to infants shall:

(a) Inform parents or guardians, by providing a departmental information pamphlet or by other means, of:

(i) The purpose of screening newborns for congenital disorders;

(ii) Disorders of concern as listed in WAC 246-650-020(2);

(iii) The requirement for newborn screening;

(iv) The legal right of parents or guardians to refuse testing because of religious tenets or practices as specified in RCW 70.83.020; and

(v) The specimen storage, retention and access requirements specified in WAC 246-650-050.

(b) Obtain a blood specimen for laboratory testing as specified by the department from each newborn no later than forty-eight hours following birth.

(c) Use department-approved newborn screening specimen/information forms and directions for obtaining specimens.

(d) Enter all identifying and related information required on the newborn screening specimen/information form following directions of the department.

(e) In the event a parent or guardian refuses to allow newborn screening, obtain signatures from parents or guardians on the newborn screening specimen/information form.

(f) Forward the newborn screening specimen/information form with dried blood spots or signed refusal to the Washington state public health laboratory so that it will be received no later than seventy-two hours following collection of the specimen, excluding any day that the state laboratory is closed.

(2) Upon receipt of specimens, the department shall:

(a) Record the time and date of receipt;

(b) Perform appropriate screening tests for:

(i) Amino acid disorders;

(ii) Biotinidase deficiency;

(iii) Congenital hypothyroidism;

(iv) Congenital adrenal hyperplasia;

(v) Cystic fibrosis;

(vi) Fatty acid oxidation disorders;

(vii) Galactosemia;

(viii) Hemoglobinopathies;

(ix) Mucopolysaccharidosis type I (MPS-I);

(x) Organic acid disorders;

(xi) Pompe disease;

(xii) Severe combined immunodeficiency (SCID);

(xiii) X-linked adrenoleukodystrophy (X-ALD).

(c) Report significant screening test results to the infant's attending health care provider or parent or guardian if an attending health care provider cannot be identified; and

(d) Offer diagnostic and treatment resources to health care providers attending infants with significant screening test results within limits determined by the department.

(3) Once the department notifies the attending health care provider of significant screening test results, the attending health care provider shall notify the department of the date upon which the results were disclosed to the parent or guardian of the infant. This requirement expires January 1, 2020.

[Statutory Authority: RCW 70.83.050, 70.83.090 and RCW 70.83.020. WSR 19-20-025, § 246-650-020, filed 9/23/19, effective 10/24/19. Statutory Authority: RCW 70.83.050 and 70.83.020. WSR 18-01-024, § 246-650-020, filed 12/8/17, effective 3/1/18. Statutory Authority: Chapter 70.83 RCW. WSR 14-21-017, § 246-650-020, filed 10/2/14, effective 11/2/14. Statutory Authority: RCW 70.83.020. WSR 13-24-072, § 246-650-020, filed 11/26/13, effective 1/1/14. Statutory Authority: Chapter 70.83 RCW. WSR 08-13-073, § 246-650-020, filed 6/16/08, effective 7/17/08. Statutory Authority: Chapters 70.83, 43.20 RCW. WSR 06-04-009, § 246-650-020, filed 1/20/06, effective 2/20/06; WSR 03-24-026, § 246-650-020, filed 11/24/03, effective 12/25/03. Statutory Authority: RCW 43.20.050 and 70.83.050. WSR 92-02-019 (Order 225B), § 246-650-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-650-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapters 43.20 and 70.83 RCW. WSR 91-01-032 (Order 114B), § 248-103-020, filed 12/11/90, effective 1/11/91. Statutory Authority: RCW 43.20.050 and 70.83.050. WSR 87-11-040 (Order 303), § 248-103-020, filed 5/18/87.]