



VIRGINIA EARLY HEARING DETECTION AND INTERVENTION PROGRAM cCMV VISITS GUIDE

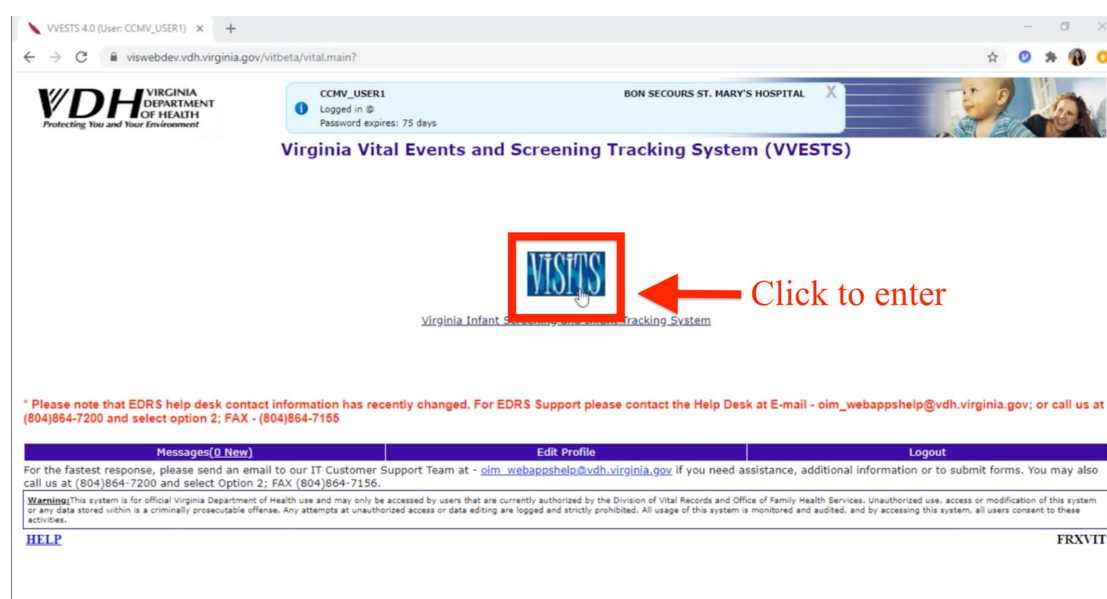


cCMV and VISITS: How to Create Order Form

*Images below do not depict real patient information/data. The information shown is used for training purposes only. If you have any questions, contact us at: va_ehdi@vdh.virginia.gov

Generating a cCMV Screening Order Form

1) In order to enter VISITS, you will click on the VISITS icon.



- 2) The page that appears on the screen currently is the cCMV pending list. From this page, you will be able to generate the cCMV order form. To generate the CMV screening order form you will click on the blue button under “Create Order Form”. You can review the child’s date of birth and the primary contact information in order to verify you are selecting the correct child.
- a) You can also search for children on this page by utilizing the child’s first name, last name, date of birth, or their VISITS ID or medical record number.

Use any of these boxes to search for children

Confirm information before creating order form

Click the blue box to create a new order form

cCMV Pending List

Child ID	Child Name	Child Date of Birth	Primary Contact	Birth hospital	Transferred hospital	Create Order Form	Reason Not Screened	Medical Rec No.
18906	CHILD25,CHILD25	08/25/2020	TEST.MOM	BON SECOURS ST. MARY'S HOSPITAL	-			ADWER2E2334
18907	CHILD26,CHILD26	08/25/2020	-	BON SECOURS ST. MARY'S HOSPITAL	-			FWER123412
18908	CHILD27,CHILD27	08/25/2020	-	BON SECOURS ST. MARY'S HOSPITAL	-			ASDWIER32342

- 3) This will take you to a new page where you can verify the child's information as well as note that the child had a hearing screen conducted and the date of the hearing screen. In order to continue with creating your order form click on the blue "Create Order Form" button.

Once again verify the child's information is correct

Select the blue "Create Order Form" button to continue

Child's Name : CHILD25,CHILD25 Child Id : 18906
Date of Birth : 08/25/2020
Region : CCC CENTRAL VIRGINIA

Pending Reg. Entry: None

Child Information

VISITS ID: 18906 Primary Contact: TEST.MOM (Biological Mother)

Child Name: CHILD25,CHILD25 Date of Discharge: 08/26/2020

Date of Birth: 08/25/2020 Date of Hearing Screening: 08/26/2020

Create Order Form

User: CCMV_USER1 Page: VIICSS

- 4) You will be asked then to select the sample collection time. Click on the calendar icon, select the date and then select the time of the sample collection. Once you have verified the correct time please enter “Select”.

Child's Name: CHILD25, CHILD25 CHILD25 Child Id: 18906
Date of Birth: 08/25/2020
Region: CCC CENTRAL VIRGINIA

Child Information

VISITS ID: 18906

Child Name: CHILD25.CHILD25

Date of Birth: 08/25/2020

TEST.MOM (Biological Mother)

08/26/2020

08/26/2020

August 2020

04:00 PM

Select

cCMV Screening

cCMV Sample Collection Time

Staff Completing the Screening

Was the sample collected within an hour of child being breastfed?

Yes / No / Unsure

Staff Phone

Extn

ISAD: 270-8855, ISDA: 512-8954

- 5) You will then need to enter the staff that are completing the screening. There are some pre-populated options that were previously entered. You can also choose to type in your selection.

Child's Name: CHILD25, CHILD25 CHILD25 Child Id: 18906
Date of Birth: 08/25/2020
Region: CCC CENTRAL VIRGINIA

Child Information

VISITS ID: 18906

Primary Contact: TEST.MOM (Biological Mother)

Child Name: CHILD25.CHILD25

Date of Discharge: 08/26/2020

Date of Birth: 08/25/2020

Date of Hearing Screening: 08/26/2020

Order Form Submitted

Order Sent to DCLS

Results Received from DCLS

cCMV Screening

cCMV Sample Collection Time: 08/26/2020 04:00 PM

Staff Completing the Screening: MARY JANE

Was the sample collected within an hour of child being breastfed?

Yes / No / Unsure

Staff Phone

Extn

ISAD: 270-8855, ISDA: 512-8954

- 6) You will also be asked to complete “Was the sample collected within an hour of the child being breastfed?”. You can select from the drop-down menu “Yes”, “No”, or “Unsure”.

Ideally for collection the child should **not** be screened for cCMV within an hour of being breastfed.

The screenshot shows the VISITS 4.0 web application interface. The top navigation bar includes the VISITS logo and a sidebar menu with options like Infant Search, cCMV Pending List, and Infant Information. The main content area displays the cCMV Screening form for Child ID 18906. The form includes fields for Child Information (VISITS ID, Child Name, Date of Birth, Date of Discharge, Date of Hearing Screening), cCMV Sample Collection Time (08/26/2020 04:00 PM), and Staff Completing the Screening (MARY JANE). A red box highlights the dropdown menu for the question "Was the sample collected within an hour of child being breastfed?". The dropdown menu shows options: "--Select--", "Yes", "No", and "Unsure". A red arrow points to the dropdown menu with the text: "Select if the child was or was not breastfed within an hour of collecting, enter unsure if you do not know".

- 7) You will be asked to enter the staff’s phone number that collected the sample. You will see preselected options that were previously entered or you can type in a new number. Once you have entered this information you will click on the blue “Submit” button.

Child's Name : CHILD25, CHILD25 CHILD id : 18906
Date of Birth : 08/25/2020
Region : CCC CENTRAL VIRGINIA

Order Form Submitted Order Sent to DCLS Results Received from DCLS

cCMV Screening

cCMV Sample Collection Time * 08/26/2020 04:00 PM

Staff Completing the Screening * MARY JANE
DUTY NURSE, TEST NURSE, STAFF

Was the sample collected within an hour of child being breastfed? No

Staff Phone * (804)999-9999 Extn

Submit

Enter staff phone number with NO DASHES or pick one of the pre-populated options

Click the "Submit" button to save changes and continue

8) This will populate a green popup box that alerts us that the cCMV screening has successfully been added.

Child's Name : CHILD25, CHILD25 CHILD id : 18906
Date of Birth : 08/25/2020
Region : CCC CENTRAL VIRGINIA

Order Form Submitted Order Sent to DCLS Results Received from DCLS

cCMV Screening

cCMV Sample Collection Time * 08/26/2020 04:00 PM

Staff Completing the Screening * MARY JANE

Was the sample collected within an hour of child being breastfed? No

Staff Phone * (804) 999-9999 Extn

cCMV screening has been added successfully. Please print order form, attach to sample, and send to iVCLS via courier. The cCMV order form will also be sent electronically to DCLS tonight.

9) If you scroll down a little bit you can see how you're able to print this order form by selecting the green "Print Order Form" button.

Child's Name : CHILD25, CHILD25 Child ID : 18906
Date of Birth : 08/25/2020
Region : CCC CENTRAL VIRGINIA

Child Name : CHILD25, CHILD25
Date of Birth : 08/25/2020
Date of Discharge : 08/26/2020
Date of Hearing Screening : 08/26/2020

cCMV Screening

cCMV Sample Collection Time : 08/26/2020 04:00 PM
Date Electronic Order form Sent to DCLS :
Staff Completing the Screening : MARY JANE
DCLS Lab Result :
Was the sample collected within an hour of child being breastfed? : No
Date Result Received From DCLS :
Staff Phone : (804) 999-9999
Print Order Form

Click to print order form

10) By clicking on the order form you can verify the correct information is there. When you are ready to print you can select the print button and again place it in the front pocket of the biohazard bag.

Form generated electronically from VISITS. Testing to be performed by the Division of Consolidated Laboratory Services

Congenital Cytomegalovirus Submitter Form

PATIENT INFORMATION		SUBMITTER INFORMATION	
Last Name: CHILD25	M.I.: C	Submitter Name: BON SECOURS ST. MARY'S HOSPITAL	
First Name: CHILD25	Date of Birth(mm/dd/yyyy): 08/25/2020	Address: 5801 BREMO ROAD	
Address: 9514 TEST LN	City: HENRICO	City: RICHMOND	
State: VIRGINIA	Zip code: 23231	State: VA	Zip code: 23226
Phone: (804) 9999999	Fax: (804) 9999999	MRN: ADWER2F2334	Contact Name: MARY JANE

ADDITIONAL INFORMATION	
Date Collected: 08/26/2020	Time Collected: 04:00:00 PM
Specimen Source: <input checked="" type="checkbox"/> Buccal Swab	
Date of Failed Hearing Test: 08/26/2020	
External ID: 18906	
Mother's Name: MOMTEST	
Mother's Date of Birth: 05/25/1977	
Pediatrician Name: AMELIA COUNTY - LOCAL HEALTH DEPARTMENT	
Pediatrician Phone:	
Pediatrician Address: 16320 CHURCH STREET	
City: AMELIA CT HSE	State: VA Zip Code: 23002

DCLS STATE LAB USE ONLY:
Place applicable DCLS Sample Label(s) in space provided.

Click to print form and then put it in the front pocket of the biohazard bag

Ordering cCMV for a child missing the Hearing Screening

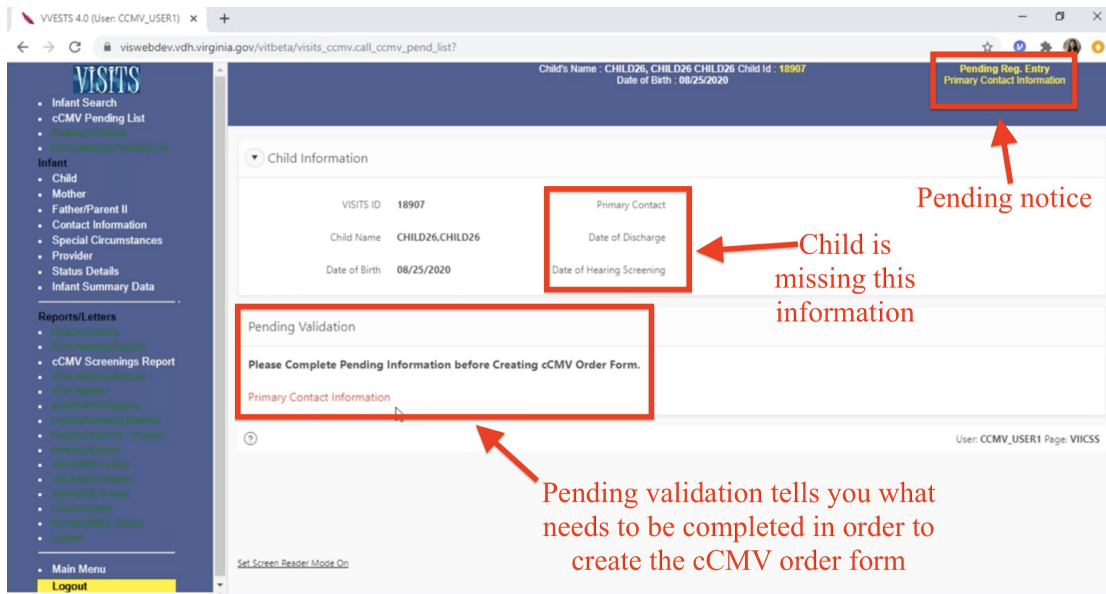
1. From the cCMV pending list select create an order form by clicking the blue button under “Create Order Form”.

Click the blue box to create an order form

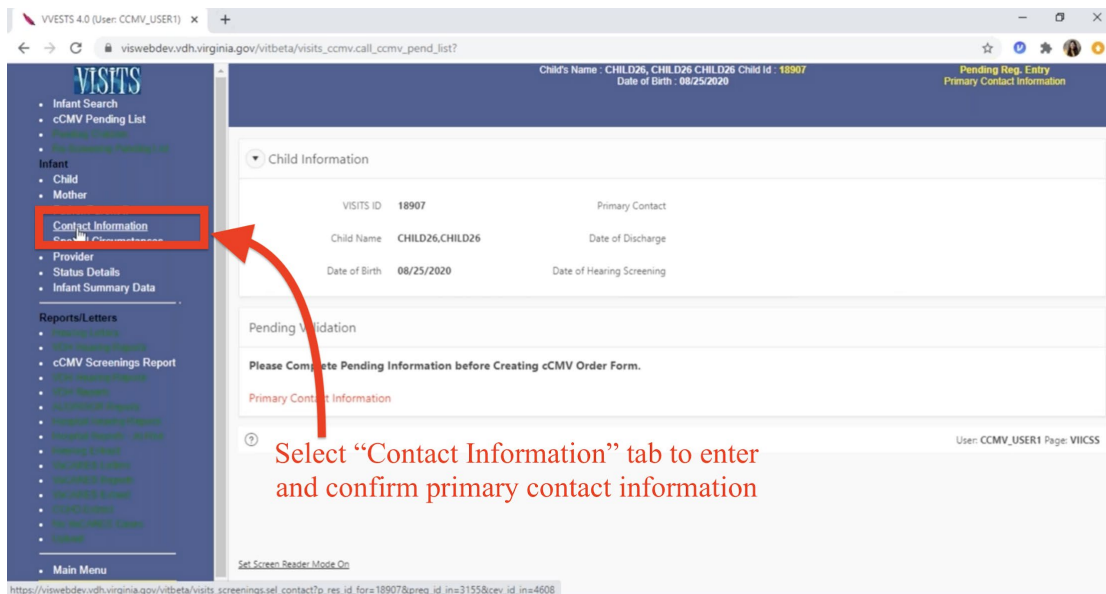
Child ID	Child Name	Child Date of Birth	Primary Contact	Birth hospital	Transferred hospital	Create Order Form	Reason Not Screened	Medical Rec No.
18907	CHILD26,CHILD26	08/25/2020	-	BON SECOURS ST. MARY'S HOSPITAL	-			PWER123412
18908	CHILD27,CHILD27	08/25/2020	-	BON SECOURS ST. MARY'S HOSPITAL	-			ASDWIER32342

Count: 2

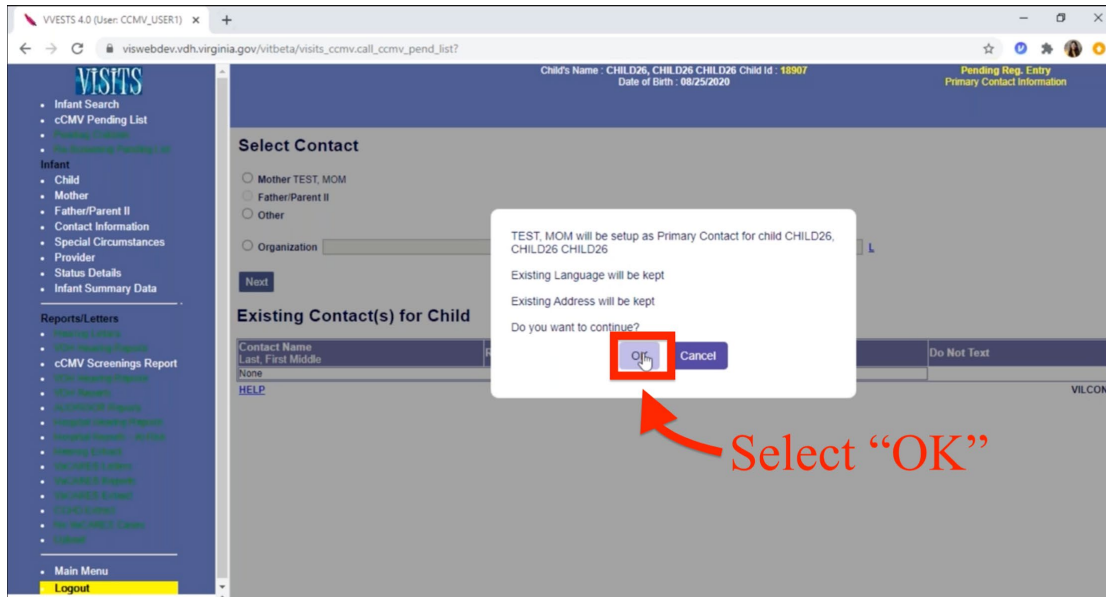
2. The next page will show this child is missing a primary contact, the date of discharge, and the date of hearing screen, indicating that no entry has been made on this child from the hearing screening portion. In the top right-hand corner the primary contact information is pending entry prior to continuing.



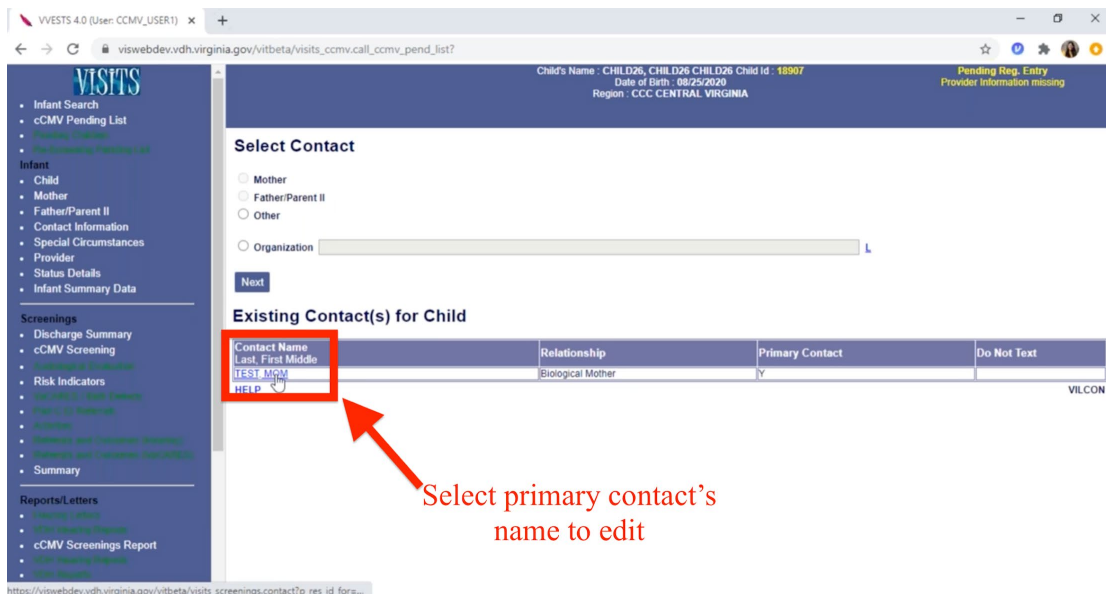
3. In order to continue with ordering the cCMV order form you will need to select the contact information page to enter/confirm the primary contact on the left hand of the screen.



4. This will ask you to verify the child's primary contact information as it was entered by the birth registrar at the hospital. Click "Ok" to continue.



- You can now see that the existing contact for the child has been placed in this section. In order to verify that this is the correct information for the child's primary contact, you will click on the primary contacts name.



- This will allow us to view the parents/contacts last name and first name, address, and phone number. If all of these are correct you can continue by hitting “Save”.

You do have the option to edit the phone number and the address if it does not match the information that you have access to in your electronic medical record.

Child's Name : CHILD26, CHILD26 Child Id : 18907
Date of Birth : 08/25/2020
Region : CCC CENTRAL VIRGINIA
Pending Reg. Entry
Provider information missing

Contact Information

Last Name TEST **First Name** MOM **Edit**

Middle Name **Email**

Primary Contact ☒ **Primary Language Spoken **** English

Relation to Client ** Biological Mother **Other Relation ***

Organization

Address Information

Previous Address(es)
9514 TEST LN HENRICO VIRGINIA 23231, [Last Updated On:] 08/26/2020 16:34:50
☐ New Address

Address

House #: 9514 **Pre Dir.:** **Address1:** TEST **Address2:**

Str Suffix: LN **Street Desc:** LANE **Post Dir.:** **Apt #:**

Zip Code: 23231 **City:** HENRICO **State:** VA

Phone Type **Area Code** **Phone Number** **Phone Information** **Extension**

Home 804 2221495

Do Not Text ☐

Save **Cancel** **Undo**

HF1 P

Save information after confirm or edit

Check and edit any information as needed

- The provider information is still missing. This will be the child’s primary care provider that they will follow up with outpatient. In order to proceed with the cCMV order form you will select the “Provider” tab on the left side of the screen to enter this information.

Click here to go to the provider page

Provider information is still missing

Pending Reg. Entry
Provider Information missing

Child's Name : CHILD26, CHILD26 CHILD Id : 18907
Date of Birth : 08/25/2020
Region : CCC CENTRAL VIRGINIA

TEST

MOM

Middle Name

Primary Contact

Relation to Client **

Biological Mother

Other Relation *

Address information

Previous Address(es)

9514 TEST LN HENRICO VIRGINIA 23231 , (Last Updated On:) 08/25/2020 17:04:44

New Address

Address

House #: 9514

Pre Dir.:

Address1: TEST

Address2:

Str Suffix: LN

Street Desc: LANE

Post Dir.:

Apt #:

Zip Code: 23231

City: HENRICO

State: VA

Phone Information

Phone Type

Home

Area Code

804

Phone Number

2221495

Extension

Do Not Text

Save Delete Undo

HELP

VIUCON

8. We have provider name's or facilities that you can select from and search by. If you select provider, type in the providers first and last name in the search options.

Child's Name : CHILD26, CHILD26 CHILD Id : 18907
Date of Birth : 08/25/2020
Region : CCC CENTRAL VIRGINIA

Pending Reg. Entry
Provider information missing

Current Provider Information

Provider Name:

Facility:

Add / Update Provider

Provider Details:

Phone Information:

Save Undo

HELP

VIUCPR

Type in provider/facility information or click on the "L" to search for one

9. If you select the search option next to facility (the "L"), a list of facilities are populated to search and select from.

Child's Name: CHIL D26, CHIL D26 CHIL D26 Child Id: 18907

viswebdev.vdh.virginia.gov/vitbeta/visits_screenings.facility_lov_form?tp_child_dob=08/25/2020

Facility List of Values
Search criterion for Facilities:
Name: Type:

Find Close

Facilities	Type	Address	Close Date
ACCOMACK COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	1138 ROSE HILL DR CHARLOTTESVLE VIRGINIA 22906	
ACCOMACK COUNTY HEALTH DEPARTMENT	Local Health Department	23191 FRONT STREET ACCOMACK VIRGINIA 23301	
ALBEMARLE COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	P O BOX 7546 CHARLOTTESVLE VIRGINIA 22906	
ALEXANDRIA - LOCAL HEALTH DEPARTMENT	Local Health Department	KING ALEXANDRIA VIRGINIA 22302	
ALLEGHANY COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	321 BEECH STREET JORDAN MINES VIRGINIA 24426	
AMELIA COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	16320 CHURCH STREET AMELIA CT HSE VIRGINIA 23002	
AMHERST COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	1900 THOMSON DRIVE LYNCHBURG VIRGINIA 24501	
APPOMATOX CITY - LOCAL HEALTH DEPARTMENT	Local Health Department	401 COURT STREET APPOMATTOX VIRGINIA 24522	
ARLINGTON COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	WASHINGTON SEQUOIA PLAZA ARLINGTON VIRGINIA 22204	
AUGUSTA COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	1414 NORTH AUGUSTA STREET STAUNTON VIRGINIA 24402	
BATH COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	COURT HOUSE SQUARE WARM SPRINGS VIRGINIA 24484	
BEDFORD COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	600 BEDFORD AVENUE BEDFORD VIRGINIA 24523	
BLAND COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	JACKSON STREET, P.O. BOX 176 BLAND VIRGINIA 24315	
BOYD COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	21 ACADEMY STREET FINCASTLE VIRGINIA 24090	
BRISTOL CITY - LOCAL HEALTH DEPARTMENT	Local Health Department	205 PIEDMONT AVE BRISTOL VIRGINIA 24201	
BRUNSWICK COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	1632 LAWRENCEVILLE PLANK ROAD TRIPLET VIRGINIA 23968	

10. You can type in the facilities name or you can select from the list below. In order to narrow down your list you can enter 2-3 letters for the facility name followed by the percent (%) sign.

For example, we will write three letters “acc%”. There are facilities that start with “acc”, and we will select one of them.

Child's Name: CHIL D26, CHIL D26 CHIL D26 Child Id: 18907

viswebdev.vdh.virginia.gov/vitbeta/visits_screenings.facility_lov_form

Facility List of Values
Search criterion for Facilities:
Name: Type:

Find

2. Click “Find”

1. Type in 3 letters here

3. Select the facility/provider you are looking for

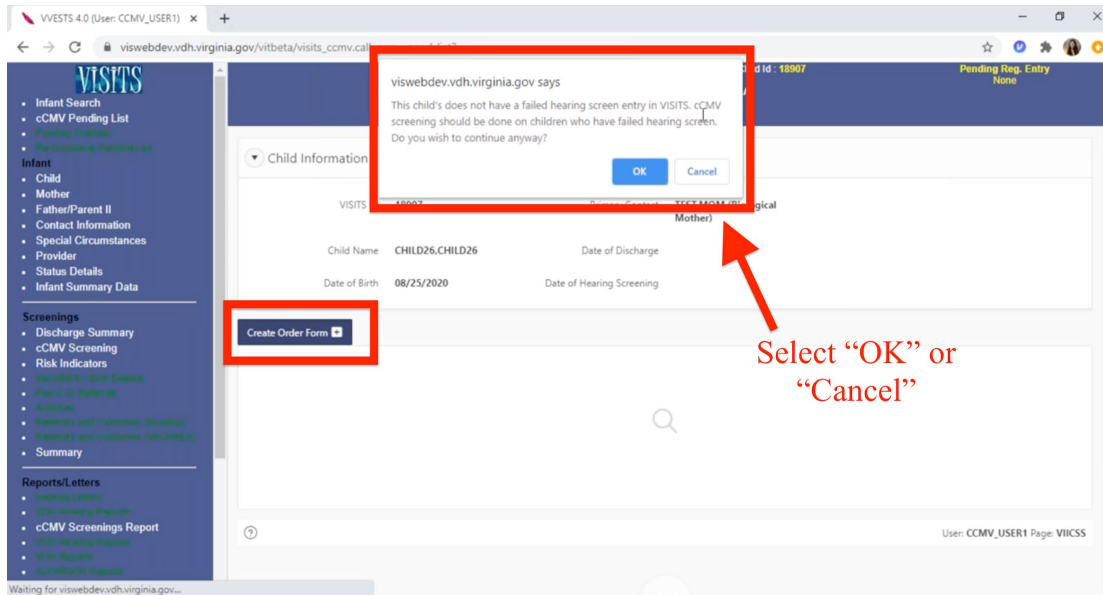
Facilities	Type	Address	Close Date
ACCOMACK COUNTY - LOCAL HEALTH DEPARTMENT	Local Health Department	1138 ROSE HILL DR CHARLOTTESVLE VIRGINIA 22906	
ACCOMACK COUNTY HEALTH DEPARTMENT	Local Health Department	23191 FRONT STREET ACCOMACK VIRGINIA 23301	

11. Once you have selected your primary care provider you can hit “Save”. Now there are no pending entries remaining to proceed with the cCMV screening form. To continue you will click the “cCMV Screening” tab on the left.

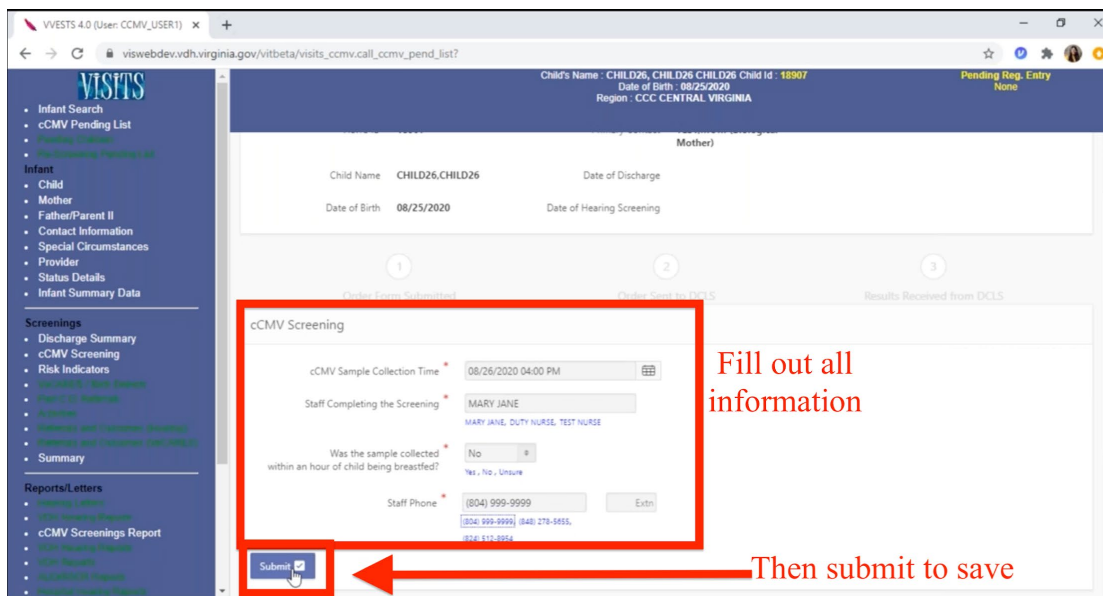
The screenshot shows the VISITS 4.0 web application interface. The left sidebar contains a navigation menu with categories: Infant Search, cCMV Pending List, Infant, Child, Mother, Father/Parent II, Contact Information, Special Circumstances, Provider, Status Details, and Infant Summary Data. Under the 'Screenings' category, 'cCMV Screening' is highlighted with a red box and an arrow pointing to it with the text 'Continue with cCMV Screening order form'. Below this, under 'Reports/Letters', there is a 'Save' button highlighted with a red box and an arrow pointing to it with the text 'Select save'. The main content area displays 'Current Provider Information' for ACCOMAC COUNTY - LOCAL HEALTH DEPARTMENT, 1138 ROSE HILL DR CHARLOTTESVLE VIRGINIA 22906. A green message 'Changes Saved Successfully!' is at the top. In the top right corner, a box labeled 'Pending Reg. Entry None' is highlighted with a red box and an arrow pointing to it with the text 'No more pending entries'. At the bottom, it shows 'Created By: CMV_USER1 (BON SECOURS ST. MARY'S HOSPITAL)' and 'Created Date: 08/26/2020 17:06:57'.

12. You will proceed with selecting the “Create Order Form” tab. This is alerting us that the child does not have a failed hearing screen entry in VISITS. To continue, hit “OK”, if you wish to back out and verify whether the child has failed the hearing screen hit “Cancel”.

This is a built-in alert stating that the hearing screen coordinator at your facility has not entered the child’s failed hearing screen. However, if you are aware that the child has failed the hearing screen you can continue with ordering the cCMV screening order form.



13. You will be asked to complete the information, so select the same calendar date and the time for the screening, and hit the "Select" button. You will be asked for the staff completing the screening. You can also select previously used options for this, and previously used phone numbers. Once you have verified this information, please hit "Submit".



14. This will give us a green alert box verifying that the screening has been added successfully and we can click on the print order form to print the order and attach it in the pocket of the biohazard bag with the sample.

The screenshot shows the VISITS web application interface. On the left is a navigation menu with categories like 'Infant Search', 'cCMV Pending List', 'Infant', 'Child', 'Mother', 'Father/Parent II', 'Contact Information', 'Special Circumstances', 'Provider', 'Status Details', 'Infant Summary Data', 'Screenings', 'Reports/Letters', and 'cCMV Screenings Report'. The main content area is titled 'cCMV Screening' and shows a form with fields for 'cCMV Sample Collection Time' (08/26/2020 04:00 PM), 'Staff Completing the Screening' (MARY JANE), and 'Was the sample collected within an hour of child being breastfed?' (No). A green confirmation box at the top right states: 'cCMV screening has been added successfully. Please print order form, attach to sample, and send to DCLS via courier. The cCMV order form will also be sent electronically to DCLS tonight.' Below the form, there are two buttons: 'Print Order Form' (highlighted with a red arrow) and 'New Order Form'. A red arrow points from the 'Print Order Form' button to the text 'Print order form to put in front pocket of biohazard bag'. Another red arrow points from the confirmation box to the text 'Has been submitted and reminders'.

Failed Hearing Screen, But Not Screened for cCMV

If for some reason you have a child that has failed the hearing screen in the hospital but they are not screened for cCMV (for example if the parents refuse the cCMV screening, if they were missed at your hospital for cCMV screening, or they were discharged prior to the screening being done) you can submit that information to VISITS in order to remove the child from your pending list.

1. Select the red button under the “Reason Not Screened”

SELECT red button

Child First Name: [] Child Last Name: []
 Child Date of Birth: From [mm/dd/yyyy] To [mm/dd/yyyy] VISITS ID: []
 Facility Name: BON SECOURS ST. MARY'S HOSPITAL Medical Record No.: []

Clear Search

cCMV Pending List

Child ID	Child Name	Child Date of Birth	Primary Contact	Birth hospital	Transferred hospital	Create Order Form	Reason Not Screened	Medical Rec No.
18908	CHILD27.CHILD27	08/25/2020	-	BON SECOURS ST. MARY'S HOSPITAL	-	[]	[X]	ASDWIER32342

Count: 1

2. Verify the child's VISITS ID number and the child's name and date of birth. You can see that on this patient there is no initial hearing screen or primary contact information entered. So, for this child the hearing screen entry has not been made yet.

3. You would select the drop-down menu for the reason and select what the reason was.

For example, the child was missed, the parents refused for other reasons, the parents refused for a religious reason, or other.

Reason Not Screened CCMV

VISITS ID: 18908
 Date of discharge: [] Primary Contact: []
 Child Name: CHILD27.CHILD27 Date of Birth: 08/25/2020

Date of Initial Hearing Screening: []

Reason: [Missed Child Before Discharge, Parents Refused (Other reason), Parents Refused (Religious Exemption), Other]

Cancel Submit

Select reason

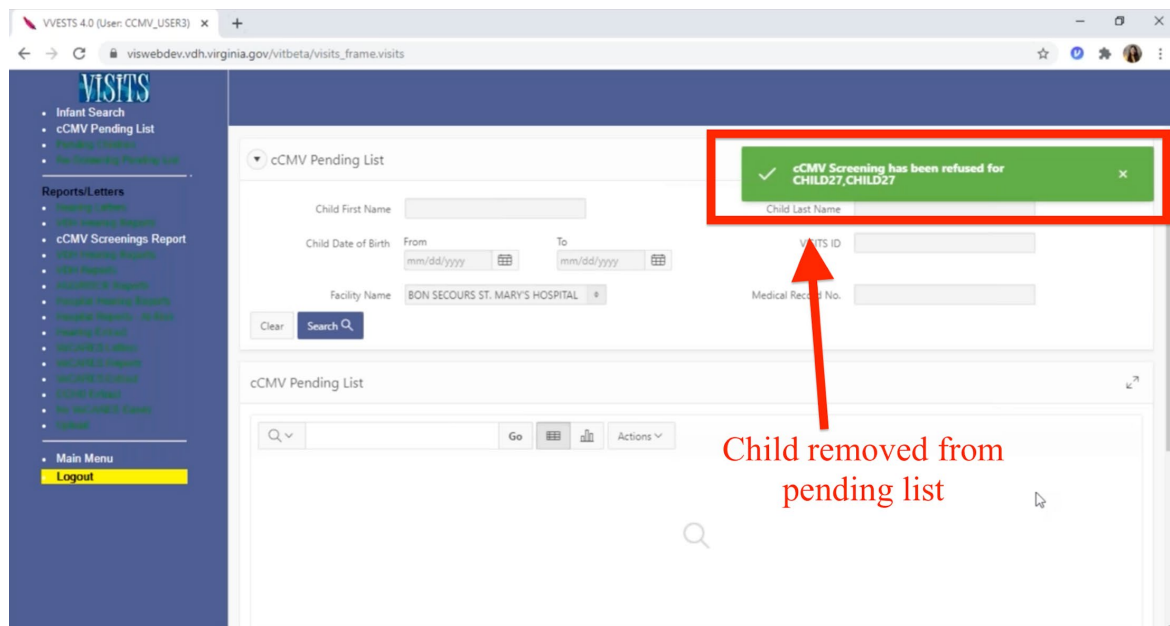
Verify child information

4. If you type other, you can type in free text what the reason is.

The screenshot shows a web browser window with the URL viswebdev.vdh.virginia.gov/vitbeta/visits_frame.visits. The page displays a 'Reason Not Screened CCMV' form. The form includes fields for VISITS ID (18908), Date of discharge, Primary Contact, Child Name (CHILD27.CHILD27), Date of Birth (08/25/2020), and Date of Initial Hearing Screening. A red box highlights the 'Reason' dropdown menu, which is currently set to 'Other'. Below the dropdown is a text input field labeled 'Other (Reason Not Screened)'. A red arrow points from the text 'For "Other" please type in reason' to the text input field. The form also has 'Cancel' and 'Submit' buttons.

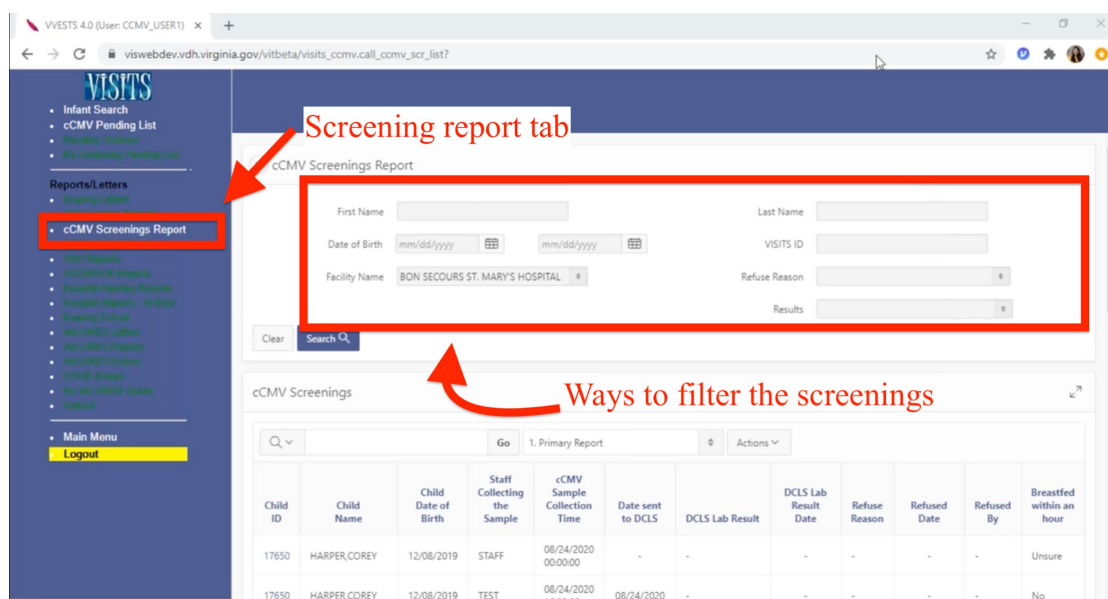
5. Once you have made your selection you can hit "Submit". You get a confirmation that this has been submitted and the child is now off of your pending list.

The screenshot shows the same 'Reason Not Screened CCMV' form, but now the 'Reason' dropdown is set to 'Missed Child Before Discharge'. A red box highlights the 'Submit' button, and a red arrow points from the text 'Hit "Submit" to save' to the button. The form also includes 'Cancel' and 'Submit' buttons. The background shows a sidebar with navigation links and a table of pending children.



Reviewing cCMV Screening Results

1. On the left hand side, you will see the option to select “cCMV Screenings Report”. Click on that. Once you click that left-hand tab for “cCMV Screenings Report” you will be taken to the report page.
2. At the top, you are able to filter the report by the child’s name, first and last name, by the child’s date of birth, the VISITS ID number, or by result.



- If you would like to generate the result for a child at your hospital that has detected cCMV or are positive for cCMV you can select in the “Results” -> “Detected” and hit “Search”. This will give you the population at the hospital, regardless of when they have been tested, that have screened positive. You can filter based on other criteria as needed.

cCMV Screenings Report

First Name: Last Name:
 Date of Birth: VISITS ID:
 Facility Name: Refuse Reason:
 Results: **Detected**
 Search

cCMV Screenings

Child ID	Child Name	Child Date of Birth	Staff Collecting the Sample	cCMV Sample Collection Time	Date sent to DCLS	DCLS Lab Result	DCLS Lab Result Date	Refuse Reason	Refused Date	Refused By	Breastfed within an hour
18876	CHILD21,CHILD21	01/01/2020	MARY JANE	08/25/2020 06:00:00	08/25/2020	Detected	08/25/2020	-	-	-	No
18872	CHILD3,	08/24/2020	STAFF	08/24/2020	08/24/2020	Detected	08/25/2020	-	-	-	No

- You can also view this information in the child’s chart directly by clicking on the child’s VISITS ID number. and see the results are displayed on this page.

Child's Name: DOE, EMILY Child ID: 17817
Date of Birth: 10/15/2019
Region: CCC CENTRAL VIRGINIA

Child Name: DOE, EMILY
Date of Discharge: 10/30/2019
Date of Birth: 10/15/2019
Date of Hearing Screening: 10/30/2019

Order Form Submitted **Order Sent to DCLS** **Results Received from DCLS**

cCMV Screening

cCMV Sample Collection Time: 08/25/2020 10:00 PM
 Date Electronic Order form Sent to DCLS: 08/25/2020
 Staff Completing the Screening: MARY JANE
 Was the sample collected within an hour of child being breastfed? No
 Staff Phone: (804) 999-9999

DCLS Lab Result: Not Detected
Date Result Received From DCLS: 08/26/2020 08:37 AM

Results