

Michigan Care Improvement Registry (MCIR) External Data Modules

Childhood program screening results from (non-MCIR) Michigan Department of Health and Human Services Databases may be viewable to authorized MCIR users. The chart below lists the specific detail by screening result type.

Tab	Description	MCIR Facility Types that may View the Information	Department Contact Information
BMI/Growth (Figure 1)	The Body Mass Index (BMI) Growth Module	Providers, Local Health Departments, MDHHS, Private Treatment Centers, Hospitals	MDHHS BMI/Growth Program
Hearing (EHDI) (Figure 2)	Early Hearing Detection & Intervention	Head Starts, Providers, Local Health Departments, LHD Satellite Clinics, MDHHS, Hospitals, & Audiology Clinics	MDHHS EHDI Program 517-335-8878
EPSDT (Figure 3)	Early Periodic Screening Diagnostic Treatment	Providers, MDHHS, Hospitals	MDHHS Medicaid Program 800-292-2550
Lead (Figure 4)	Blood Lead Screening	Head Starts, Providers, Local Health Departments, LHD Satellite Clinics, MDHHS, Private Treatment Centers, Hospitals, & WIC	MDHHS Lead Program 517-335-8350
NBS (Figures 5 & 6)	Newborn Screening	Providers, MDHHS, Hospitals	MDHHS Newborn Screening 866-673-9939

BMI/Growth Tab

Immunizations		Other		BMI/Growth	
BMI Measurements (red highlight denotes taken during pregnancy)					
Date	Age	Wt/Pctl	Ht/Pctl	BMI	Percentile
Add Measurement					
No measurements found					
View Metric Units					
Counseling Activity					
Date	Provider			Type	
Add Counseling Activity					
No counseling activity found					

Figure 1: BMI/Growth Tab Screen

EHDI (Hearing) Tab

Immunizations		Newborn Screening		Lead	Other
EPSDT		Hearing (EHDI)		BMI/Growth	
For any questions on newborn hearing screens please call 517-335-8878.					
Kit Number: 0548211				Follow-up Detailed Information	
Initial and Rescreen Results					
Date Entered	Date Screened	Test Method	Left Ear	Right Ear	Incomplete Reason
07/24/2007	06/16/2007	AABR	PASS	PASS	?
Diagnostic Results					
Date Diagnosed		Left Ear	Right Ear		
No Diagnostic Results Found					

Figure 2: EHDI Screen

EPSDT (Early Periodic Screen Diagnostic Treatment) Tab

Immunizations		Newborn Screening		Lead	Other
EPSDT		Hearing (EHDI)		BMI/Growth	
Age:	5 Years 8 Months	Months Between Visits:	12	Last Notified:	09/01/2007
Date	Code	Description			
07/10/2012	99393	PREV VISIT EST AGE 5-11			
02/18/2011	99392	PREV VISIT EST AGE 1-4			
11/20/2007	99391	Per pm reeval, est pat, inf			
09/11/2007	99391	Per pm reeval, est pat, inf			
06/29/2007	99391	Per pm reeval, est pat, inf			
06/16/2007	99431	Initial care, normal newborn			

Figure 3: EPSDT Tab Screen

LEAD Tab

Immunizations			Lead	Other	
Spec. Date	Spec. Id	Reported	Sample Type	Result (µg/dL)	
11/13/2006		11/30/2006	Venous	8	?
05/15/2006		05/23/2006	Venous	11	
03/03/2006		03/10/2006	Venous	15	
12/20/2005		01/06/2006	Venous	18	
09/15/2005		09/29/2005	Venous	37	
09/14/2005		09/20/2005	Capillary	46	

Figure 4: Lead Tab Screen

NBS Tab with link to Mailer (PDF of Newborn Screening Report)

Immunizations <input type="checkbox"/>	NBS Mailers	Other	EPSDT <input checked="" type="checkbox"/>	EHDI
For any questions on newborn screening mailers please call 1-866-673-9939				
Collection Date	Kit Number	Accession Number		
04/14/2008		<div style="border: 1px solid red; border-radius: 50%; padding: 2px; display: inline-block;">Mailer</div>		

Figure 5: New Born Screening Tab Screen

NEWBORN SCREENING LABORATORY REPORT

Michigan Department of Community Health Bureau of Laboratories Lansing, MI 48909

Final Report Reported: 04/22/2008 Printed: 04/22/2008

Submitter Information: **Infant's Physician:**

LAKELAND MEDICAL CENTER - ST JOSEPH Attn: BIRTHPLACE 1234 NAPIER AVE. ST. JOSEPH, MI 49085

Phone: Fax: Birth Facility: LAKELAND MEDICAL CENTER - ST JOSEPH

Baby's Name: **Gender:** Girl **Weight:** 3,380 gms **Accession #:** **Kit #:** **Med. Record #:**

Birth Date: 04/13/2008 **NICU:** NO **TPN:** NO **Transfused:** NO **Specimen Type:** First

Coll. Date: 04/14/2008 **Coll. Age:** 34 hours **Wks Gest:** 39

Mother's Name: **Phone:**

Disorder/Analyte(s)	Patient Results	Expected Results	Interpretation	Comments
Amino Acid Disorders	Within Normal Limits		Normal	
Fatty Acid Oxid. Disorders	Within Normal Limits		Normal	
Organic Acid Disorders	Within Normal Limits		Normal	
Endocrine Disorders	Within Normal Limits		Normal	
Enzyme Disorders	Within Normal Limits		Normal	
Hemoglobinopathy	Within Normal Limits		Normal	
Cystic Fibrosis	Within Normal Limits		Normal	

COMMENT(S):

The laboratory values in this report are "screening" test results intended to identify infants at risk for selected disorders and in need of definitive testing. "Normal" refers to the analyte measured. The results should be correlated clinically with these factors at collection: age, birth weight, prematurity, health status and treatments. The performance characteristics for 44 CFTR DNA mutation assays were established by the MDCH lab and not approved by FDA.

Amino Acid Disorders: Phenylketonuria (PKU), Benign hyperphenylalaninemia (H-PHE), Bioprotein cofactor biosynthesis (BIOPT(BS)), Defects of bioprotein cofactor regeneration (BIOPT(Reg)), Maple syrup disease (MSUD), Homocystinuria (HCY), Hypermethioninemia (MET), Argininosuccinic acidemia (ASA), Citrullinemia (CIT), Citrullinemia Type II (CIT II), Tyrosinemia Type I (TYR I), Arginemia (ARG) **Fatty Acid Oxidation Disorders:** Carnitine acylcarnitine transferase def. (CACT), Carnitine uptake defect (CUD), Carnitine palmitoyltransferase I def. (liver) (CPT IA), Carnitine palmitoyltransferase II def. (CPT II), Short-chain acyl-CoA dehydrogenase def. (SCAD), Glutaric acidemia type II (GA II), Med.-chain acyl-CoA dehydrogenase def. (MCAD), Long-chain L-3-OH acyl-CoA dehydrogenase def. (LCHAD), Tri-functional protein def. (TFP), Very long-chain acyl-CoA dehydrogenase def. (VLCAD), Med.-chain ketoacyl-CoA thiolase def. (MCKAT), Med./short-chain L-3-OH L-3-OH acyl-CoA dehydrogenase def. (M/SCHAD), Dienoyl-CoA reductase def. (DE RED) **Organic Acid Disorders:** Isovaleric acidemia (IVA), 3-Methylcrotonyl-CoA carboxylase def. (3MCC), 3-OH 3-CH3 glutaric aciduria (HMG), Beta-ketothiolase def. (BKT), Glutaric acidemia type I (GA I), Propionic acidemia (PA), Multiple carboxylase def. (MCD), 2-Methyl 3 hydroxy butyric aciduria (2M3HBA), Methylmalonic acidemia (maltase deficiency) (MUT), Methylmalonic acidemia (Cbl A,B), Methylmalonic acidemia (Cbl C,D), Malonic acidemia (MAL), Isobutyryl-CoA dehydrogenase def. (IBD), 2-Methyl butyryl-CoA dehydrogenase def. (2MBG), 3-Methylglutamic aciduria (3MGA) **Endocrine Disorders:** Congenital Adrenal Hyperplasia (CAH), Congenital Hypothyroidism (CH) **Enzyme Disorders:** Galactosemia (GALT), Biotinidase (BIOT) **Hemoglobinopathies:** Sickle cell anemia, SC Disease, S/Beta-thalassemia, Other variant hemoglobins. **Cystic Fibrosis**

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Figure 6: New Born Screening Mailer