

Echocardiogram Result Report

Pulse Oximetry (CCHD) Screening

This form should be used to report to the MDH Newborn Screening Program:

- **All newly diagnosed cases of Critical Congenital Heart Disease**

Reportable conditions: coarctation of the aorta, double outlet right ventricle, Ebstein's anomaly, HLHS, interrupted aortic arch, pulmonary atresia, TAPVR, TOF, transposition of the great arteries, tricuspid atresia, truncus arteriosus, single ventricle (not otherwise specified)

- **All echocardiograms done as follow-up to failed Pulse Oximetry Screens**

Patient Information:

Name:

DOB:

Mother's Name (if newborn):

Infant's Hospital:

Referring/Attending/Ordering Physician:

Transfer Information (if applicable):

Echocardiogram Information:

Facility Interpreting Echocardiogram:

Cardiologist Interpreting Echocardiogram:

Date of Echocardiogram:

Echocardiogram Results:

Diagnosis: