**附件3**

**海南省新生儿疾病筛查登记本**

单位名称：

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| 基本信息 | | | | | | | | | | | | | | | | 新生儿遗传代谢病筛查 | | | | | | 新生儿听力筛查 | | | | | | | | | | | | | 新生儿先天性心脏病筛查 | | | | | | | | | | |
| 编号 | 住院号 | 母亲姓名 | 身份证号码 | 父亲姓名 | 住址及联系方式 | 分娩孕期 | 分娩方式 | 母亲疾病 | 新生儿情况 | | | | | | | 知情同意是/否 | 采纳日期 | 采血人 | 结果 | | | 知情同意是/否 | 高危因素编号 | 初筛 | | | | | 复筛 | | | | | 是否转诊 | 知情同意是/否 | 时龄（h） | 体重（g） | 筛查结果 | | | | 妇产科签名 | 儿科签名 | 筛查结果 | 是否转诊 |
| 姓名 | 性别 | 出生体重（g） | 出生日期 | 阿氏评分 | 出生缺陷 | 出生医院 | 甲低 | P  K  U | G  6  P  D | 时间 | 方法 | 结果 | | 筛查人 | 时间 | 方法 | 结果 | | 筛查人 | 心脏杂音 | Sp02前（%） | Sp02后（%） | 导管前后差值 |
| 左耳 | 右耳 |  |  | 左耳 | 右耳 |  |
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