



Public Health Division, Family Health Bureau, Children's Medical Services Early Hearing Detection and Intervention (EHDI) Program

Report of Audiological/Screening/Diagnostic Results (ROAR)

Securely email or fax completed ROAR to NMDOH Early Hearing Detection & Intervention (EHDI) Program: newborn.hearing@doh.nm.gov Phone: 1-877-890-4692 or Fax: 505-827-5995

Use the ROAR to report screening and diagnostic results for children with a DOB in the current or previous calendar years.

Provide Audiological Report and Cover Sheet (instead of a ROAR) for children up to age 4 when diagnosed with permanent (not fluctuating conductive) hearing loss.

Reporting Date: Birth Hospital/Midwife Practice: Audiologist: Practice: Physician: Practice: Child's First and Last Name: Child's DOB: Mother's First and Last Name: Parent/Guardian First and Last Name: Address: Phone #:

Please complete all appropriate sections:

Missed Appointment Date: Next Appointment Date:

Middle Ear Dysfunction (Screening/Diagnostic Postponed) Referral to ENT

ENT Appointment Date: ENT Practice:

SCREENING RESULTS:

Screening Date: Type of Screening: OAE AABR

Right Ear: Pass Refer Atresia/Microtia Unsuccessful Screening

Left Ear: Pass Refer Atresia/Microtia Unsuccessful Screening

DIAGNOSTIC EVALUATION:

Evaluation Date:

Type of Evaluation: DPOAE/TOAE Sedated ABR Non-Sedated ABR ASSR Conditioned Play Audiometry (CPA) Visual Reinforcement Audiometry (VRA)

HEARING STATUS:

Unable to Complete Test (future diagnostics needed) Fluctuating Hearing Loss (middle ear dysfunction) Confirmed Normal Hearing

Comments:

Comments section lines

## Risk Factor Assessment Checklist for Reporting to the EHDI Program:

Joint Committee on Infant Hearing (JCIH) Risk Factors:

### Perinatal:

- Family history\* of early, progressive, or delayed onset permanent childhood hearing loss
- Neonatal intensive care of more than 5 days
- Hyperbilirubinemia with exchange transfusion regardless of length of stay
- Aminoglycoside administration for more than 5 days\*\*
- Asphyxia or Hypoxic Ischemic Encephalopathy
- Extracorporeal membrane oxygenation (ECMO)\*
- In utero infections, such as herpes, rubella, syphilis, toxoplasmosis, cytomegalovirus (CMV), Zika
- Birth conditions or findings such as:
  - Craniofacial malformations including microtia/atresia, ear dysplasia, oral facial cleft lip/cleft palate, white forelock, and microphthalmia
  - Congenital microcephaly, congenital or acquired hydrocephalus
  - Temporal bone abnormalities
  - Syndromes\*\*\* associated with hearing loss or progressive or late-onset hearing loss (see HereditaryHearingLoss.org) that include:
    - Alport
    - Goldenhar
    - Treacher-Collins,
    - CHARGE
    - Waardenburg
    - Trisomy 21
    - BOR

Comments:

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### Perinatal/Postnatal:

- Culture-positive postnatal infections associated with sensorineural hearing loss\*\*\*, including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis, or encephalitis.
- Events associated with hearing loss:
  - Significant head trauma, especially basal skull/temporal bone fractures
  - Chemotherapy\*
- Caregiver concern\*\*\*\* regarding hearing, speech, language, or developmental delay

Comments:

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\* Infants at increased risk of delayed onset or progressive hearing loss

\*\*Infants with toxic levels or with a known genetic susceptibility remain at risk

\*\*\*Syndromes (Van Camp & Smith, 2016)

\*\*\*\*Parental/caregiver concern should always prompt further evaluation.