



Hearing Equipment Loaner Agreement

The Florida Department of Health Newborn Hearing Screening (NBHS) Program maintains a hearing screening and diagnostic equipment lending program for the purpose of supporting facilities who perform hearing screens and diagnostic hearing evaluations for children ages birth to three. Equipment is resourced based on each facility's volume of screens, diagnostic testing, and statewide need.

By signing this document, birth hospitals, birth centers and audiology programs requesting a loaner device agree to established criteria outlined in section 1. Failure to comply may result in revocation of this agreement and require all loaned equipment to be returned to the NBHS Program at facility's expense.

Section 1:

- Designate two staff responsible for correspondence between the facility and the NBHS Program.
- Ensure all staff performing hearing screens complete the free online training curriculum offered by the [National Center for Hearing Assessment and Management \(NCHAM\)](#).
- Receive, monitor, and track shipments of loaner equipment, accessories, and supplies to and from the NBHS program using a secure carrier service.
- Handle equipment with care and do not wrap cables or cords tightly around the device or a cart.
- Respond to NBHS inquiries within 2 business days from receipt of email or telephone call.
- Register for the online email system Move-It to receive monthly or quarterly reports, if applicable.
- Report screening and diagnostic test results within 7 days on the blood specimen card or eReports. To register for eReports™, please complete the [Florida Newborn Screening/EHDI eReports™ Registration form](#)
- Delete all patient data and return using a secure carrier service on or before the expiration date.

Section 2: *(to be filled out by requesting facility)*

*Facility Name:

*Facility Address:

*Contact Name:

Telephone:

*Email:

Section 3: *(*check one)*

ABR (A-ABR) Screen

ABR Screen/Diagnostic Combined

OAE Screen

Section 4: *(to be filled out by NBHS Program)*

Equipment Serial Number:

Annual calibration due:

Loaner agreement expiration date:

Facility Representative Signature

Date