

If specimen was done at a clinic please indicate

Be sure to fill in all of the highlighted fields

PLEASE PRINT LEGIBLY

W083 10534603 Rev.2
LOT 6836809

2012-04

SPECIMEN:
 1ST 2ND OTHER
 DIET TRANS. F/U * 0 0 0 5 5 9 3 2 5 7 * DE

Barcode: 0005593257

DO NOT WRITE IN THIS SPACE

Baby's Last Name, First Name (PRINT) Sex M F Birth Date Birth Time 24 hr am pm
 Birth Weight/Grams Multiple Birth Order A-H Med. Rec. # Antibiotics at time of draw Gestation Weeks

Specimen Date Time of Day 24 hr am pm Specimen Taken By Unit / Location

FEEDING, LAST 24 HOURS
 Breast Soy Lactose NPO Other
 Transfusion, RBC Latest Date / / Hyperalimentation (TPN) Start Date / / End Date / /

Submitter/Hospital/Code Physician/Code Race/Ethnicity—Check all that apply:
 White Black/Afr. Amer. Amer. Ind./Alaskan Nat. Asian Indian Asian/Pac. Islander
 Chinese Filipino Japanese Korean Vietnam Nat. Hawaiian
 Guamanian or Chamorro Samoan Hispanic Other

DIET

MOTHER'S INFORMATION
 Last name, First Name OR Adoption Agency
 Address – Number, Street, Apt. #
 City State Zip
 Phone # Mother's Age

Additional Contact Phone #, Name

STAT

HEARING
 If not performed, reason: Technician Problem No Equipment
 Caregiver Refuse Baby Discharged Other
 Follow-up apt. date: / /
 Location:

AVOID HANDLING COLLECTION AREA
 Whatman 903®
 LOT W083 6836809 SN DE 0005593257
 COMPLETELY FILL IN ALL CIRCLES WITH BLOOD.
 BE SURE THAT BLOOD SOAKS COMPLETELY THROUGH FILTER PAPER.

Write **STAT** (over the wording inside the box) if the specimen is for someone over one year of age and/or there is a clinical need for faster testing. The laboratory can also be contacted to let them know if a specimen needs to be tested **STAT** at 302-223-1493.

The amount of blood required for DIET management specimens is 2 circles. Please make sure both of these circles are filled completely to the ring and fully saturated onto the back of the paper. Allow specimen to dry for a minimum of 3 hours. If circles are insufficient, and the lab is unable to punch two fully-saturated circles from the card, the specimen will be rejected. Specimens older than 7 days from the collection date will also be rejected. Do not use an expired form (see expiration date on the tab under PLEASE PRINT LEGIBLY) or the specimen will be rejected.

Specimens can be mailed or delivered to the DPH Laboratory (Newborn Screening, 30 Sunnyside Road, Smyrna, DE 19977). For other specimen delivery options, please contact Jay Schuman at the DPH Laboratory Warehouse (302-223-1470), 8:00 a.m. – 4:30 p.m.

DIET specimens will be processed in duplicate on Friday afternoons and run overnight. Specimens must arrive in the laboratory by 12:00 noon to be included in the Friday afternoon run. Results, in most cases, will be available on Monday morning. All DIET management results are faxed to the appropriate clinics at A I DuPont (302-651-4836) or St. Christophers (215-427-5464), and they will be responsible for reporting results to the parents. State holidays are observed by the DPH Laboratory; and on those weeks, testing will be adjusted so as not to cause additional delay (see attachment for holidays). Clinics will be notified by the lab if delays in reporting are expected.