

# Newborn Screening Specimen Form Instructions for Completion

**NEW**

1) CHECK THE APPROPRIATE BOX FOR THE SPECIMEN TYPE—Either 1<sup>st</sup> screen, 2<sup>nd</sup> screen or other (if repeat is requested for abnormal or unsatisfactory previous specimen).

2) COMPLETE ALL OF THE NEWBORN'S INFO- Be sure to fill in ALL areas. Accurate information is crucial.

3) Food Source —Check all that applies if other than indicate. TPN is acceptable as protein source for newborn screening.

**EXPIRE DATE  
APRIL 30, 2012**

**NEW**

PLEASE PRINT LEGIBLY

10534603 Rev.2  
WV083 6596809  
2012-04

**SPECIMEN:**  
 1<sup>ST</sup>  2<sup>ND</sup>  OTHER  
 DIET  TRANS.F/U \* 0 0 0 5 5 9 3 2 5 6 \* DE

Baby's Last Name, First Name (PRINT) Sex Birth Date Birth Time  
 M F / / : 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

Hep B Immunization:  Hep B1  HBIG Date / /

OAE L Ear  Pass  Fail R Ear  Pass  Fail Date / /  
 ABR L Ear  Pass  Fail R Ear  Pass  Fail Date / /

If not performed, reason:  Technical Problem  No Equipment  
 Caregiver Refused  Baby Discharged  Other

Follow-up appt. date: / /

Location:

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

7) Hyperal / Transfusion

6) Race / Ethnicity – Be sure to check all that apply.

**BIOHAZARD**

**DO NOT REMOVE THIS OVERLAY**

Allow blood specimens to air dry for at least 3 hours using the overlay for support. Close overlay when dry. See back for detailed instructions.

2012-04

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4) Hospital / Physician discharge / Mother's Information- This information is important for follow-up after screening is completed. Be sure to complete.

5) Hearing Screening- Be sure to check method used and the correct box for EACH ear and date of test.

**NEW**

- ALSO REMEMBER...**
- √ USE PEN, PRINT and PRESS HARD
  - √ DRY BLOOD SPOTS FOR AT LEAST 3 HOURS
  - √ REINFORCE THE NECESSITY OF **REPEAT** SCREENING WITH FAMILY