

## SPECIMEN:

 INITIAL  REPEAT DIET

SN DE210010967

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 <input type="checkbox"/> A - H	Med. Rec. #	<input type="checkbox"/> Antibiotics at time of draw		Gestation Weeks		
Specimen Date	Time of Day : : 24 hr am pm	Specimen Taken By		Unit / Location			
Sample Collected <24 hrs of life <input type="checkbox"/> Yes <input type="checkbox"/> No	FEEDING, LAST 24 HOURS <input type="checkbox"/> Breast <input type="checkbox"/> Soy <input type="checkbox"/> Lactose <input type="checkbox"/> NPO <input type="checkbox"/> Other		<input type="checkbox"/> Transfusion, RBC Latest Date / /		<input type="checkbox"/> Hyperalimentation (TPN) Start Date / / End Date / /		
Submitter/Hospital/Code		Physician/Code		Race / Ethnicity - Check all that apply: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Pac. Isl. <input type="checkbox"/> Asian <input type="checkbox"/> Am. Ind. <input type="checkbox"/> Other Hispanic?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
MOTHER INFORMATION	Last Name, First Name OR Adoption Agency					Pulse Oximetry: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	
	Address - Number, Street, Apt. #					Date: / /	
	City			State	Zip		Time (Military) : :  If not performed reason: <input type="checkbox"/> Refused <input type="checkbox"/> Prenatal fetal echocardiogram <input type="checkbox"/> Postnatal echocardiogram performed <input type="checkbox"/> Birth weight <1500 grams
	Phono # ( ) -		Text Messages <input type="checkbox"/> Yes <input type="checkbox"/> No		Mother's D.O.B. / /		
Email				Hearing: OAE   L Ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail R Ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Date / /	
Additional Contact Phone #, Name				ABR   L Ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail R Ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail / /			