

NEWBORN SCREENING LAB SLIP
Instructions for Specimen Card Completion

Results may be delayed for screening specimens submitted with incomplete information.

ALWAYS check the specimen card expiration date located on the far left side of the filter paper, next to the hour glass, noted by the year and date. All information must be legible.

A. TOP LINE

First Specimen All tests – If it is the first newborn screening specimen collected on the infant, place an “X” in the blank provided.

Home Birth – If newborn was born at home, place an “X” in the blank provided.

Repeat Specimen – If the test is a repeat newborn screening specimen collected on the infant, place an “X” in the blank provided.

Repeat Specimen Reason – Put an “X” by the appropriate reason for a Repeat Specimen; < 24 hr, Unsatisfactory, Abnormal, Transfused, Inconclusive.

B. INFANT’S INFORMATION – LEFT BLOCK PORTION

Infant’s Last/First Name – Write infant’s name in order as shown, last name, first name, previous last name, making sure the name is spelled correctly. If the infant’s first name is not available, put last name, followed by Boy/Girl. (Example: Smith, Baby Boy).

Previous Last Name – If the infant’s last name is different from the name given at birth, indicate the previous/original name in the blank provided. (Smith, John; Brown, Boy).

Birth Date – Write the date of birth using numbers only in the blank provided. (Example: December 25, 2002 will appear as 12-25-02).

Time of Birth – Write the time of birth using **MILITARY TIME ONLY** in the blank provided. (Example: 2:30 p.m. will appear as 1430).

Date Collected – Write the time the specimen was collected using numbers only in the blank provided. (Example: December 2, 2003 will appear as 12-02-03).

Time Collected – Write the time the specimen was collected using **MILITARY TIME ONLY** in the blank provided. (Example: 8:00 p.m. will appear as 2000).

Birth – Write an “**X**” in the blank provided. (EXAMPLE: in the case of twins/triplets, write an “**X**” to indicate the birth order of the infant to indicate A or B or C). For triplets or more use #3 blank, C,D,E, etc.

Hospital of Birth Code/Hospital or Health Department Collected Code – Write the hospital code/health department code in the appropriate blank provided. **NOTE:** If the infant is born in the same hospital in which the specimen is collected, then both the hospital of birth code and hospital collected code will be the same. If the infant is born in one hospital, but transferred to another hospital prior to the specimen being collected, the hospital of collection code will be different from that of the hospital of birth. **When the specimen is collected/repeated by the health department, the health department county code is entered into the health department collected blank.**

Medical Record Number – Write the infant’s medical record number in the blank provided.

If the infant has been transferred to another facility, check yes and write the name of the facility in the space provided.

Physician’s Name – Write the name of the local primary care provider and contact information, providing local medical care for the infant in the blank provided. In the event of a homebirth, **provide the name of the midwife or one attending the homebirth, with contact information.**

Additional Information – Use these lines to give the following information when:

- PRE TRANSFUSION specimen
- infant is **ADOPTED** (give the name and address of the adoption agency, attorney or physician handling the adoption)
- infant **left hospital prior to newborn screening being done.**
- **INCARCERATION** – if mother will return to an incarceration facility, write INMATE and to whom the infant has been discharged and the contact information.

Submitter Name/Address – Write the name and address of the hospital/health department (submitter) in the blank provided.

Specimen Collected By – Write name or initials of person collection specimen in the blank provided.

C. INFANT'S INFORMATION – MIDDLE BLOCK

Sex – Write an “X” in the appropriate blank provided.

Race – Write an “X” in the appropriate blank provided.

Ethnicity – Write an “X” in the appropriate blank provided.

D. STATUS OF INFANT AT TIME OF COLLECTION – TOP RIGHT BLOCK

Transfused – Collect specimen PRIOR to transfusion if at all possible. Provide the **date and time of the last transfusion** in the space provided and in “Additional Information” using 6 numbers in the blank. (Example: December 15, 2002 @ 10 am will appear as 12-15-02/1000.)

NOTE:

- **Ideal collection time: 24-48 hours of age**
- **Transfusion required > 24 hours of age: collect specimen prior to transfusion**
- **Transfusion required < 24 hours of age: collect specimen prior to transfusion and 2-4 days after the transfusion**
- **Transfusion required but no specimen collected prior to transfusion: collect specimen 2-4 days , 2-4 weeks and > 90 days after transfusion**

Gestation/Infant's Age – Write the gestational age of the infant at the time of birth or the age of the baby at the time of collection in the blank provided.

BIRTH WEIGHT – Write the infant's weight in grams, AT THE TIME OF BIRTH in the blank provided. IF specimen is collected > 14 days of age, write current weight in grams.

Feeding – Write an “X” in the appropriate blank provided indicating the infant's feeding status at the time of collection. More than one blank may be marked if appropriate.

Meconium Ileus – check the blank, if appropriate, to indicate the presence of a meconium ileus.

E. MOTHER'S INFORMATION – RIGHT BOTTOM BLOCK

Mother's Current Last/First Name – Write mother's full name in order, as specified at time of delivery in the blank provided (Example: Smith, Caroline). (**NOTE: If the infant is ADOPTED, do not give the birth mother's information. In the case of ADOPTION, this area should**

reflect the name of the agency, physician or attorney handling the adoption.)

Mother's Date of Birth – Write Mother's date of birth.

Address/Phone Number – Write the physical street number and name, **(DO NOT GIVE P.O. BOX)**, or Apt. number, as well as the city, state, and zip code in the blanks provided. Write a working telephone number or emergency contact number where a message can be received in the blanks provided. **(NOTE: If the case of ADOPTION, give the agency, physician or attorney name, address and phone number handling the adoption in the blanks provided.)**

Medicaid Number/Mother's Social Security Number – Write Mother's Medicaid Number, if applies, and Social Security Number in the blanks provided.

County of Residence – Write the county two digits code where the infant resides in the space provided (Example Hinds County/25).

NOTE: In the event an infant is a “Drop Off Baby” as a result of House Bill 169, assign the baby a name. The date the baby is left at the hospital is to be used as the date of birth, and the approximate time the baby was left is to be used as the time of birth, unless other information is known to the hospital. The hospital code is to be entered in the space provided for the hospital of birth and hospital collected. In the box provided for Physician's Name, note that this hospital is the emergency medical services provider. This will allow for adequate follow-up/tracking in the event of an abnormal or positive newborn screen.

F. HEARING SCREENING

This section of the newborn screening form is to be completed by the hospital of birth prior to discharge. Check the appropriate test done, i.e. ABR/OAE, and the appropriate result for each ear, i.e., pass/refer. If the hearing screening is not done, leave this section blank.

Office Mechanics/Filing/Retention:

The yellow copy is to be kept by the hospital of birth /county health department. Once the newborn screen results have been received, the yellow copy can be destroyed. The hard copy of the newborn screen results are to be filed in the infant's medical record and retained according to hospital/county health department policy.

Revised 6/2011