

Newborn Screening Specimen Card

SUBMITTER OR PARENT COPY 1) Do not touch sample area
2) Do not use if damaged

REF 10534749 Rev. AS YYY-MM LOT WXXX XXXXXX IVD

IF NOT SUBMITTING BLOOD CHECK ONE

INFANT'S INFORMATION REFUSED INFORMATION ONLY E-VITALS COMPLETED DECEASED ADOPTION

Infant's Last Name _____ Birth Time (Military Format) _____

Date of Birth MM DD YY _____ Hospital of Birth _____

SPECIMEN INFORMATION

First Feed Date (mm/dd/yy) _____ Time (Military Format) _____

Collection Date (mm/dd/yy) _____ Time (Military Format) _____ Collected By (ftL) _____

MOTHER'S INFORMATION

Mother's Last Name _____ Transferred Date (mm/dd/yy) _____ Time (Military Format) _____

Mother's Address (include Apartment #) _____ City _____ State _____ Zip Code _____

PHYSICIAN'S INFORMATION

Mother's Social Security Number _____ Mother's or Contractor's Telephone Number _____

SUBMITTER INFORMATION

Physician's Telephone No. _____ Laboratory No. _____

Name of Collection Facility _____ City _____ State _____ Zip Code _____

STATE LAB USE ONLY

INSURANCE INFORMATION

Insured's Name (Last, First, Middle Initial) _____

Name of Insurance Co. _____

Insurance Group ID# _____

Insurance ID# _____

PRIVATE MEDICAID SELF-PAY INSURED SSN _____

Mother's Medicaid Number _____

HEARING SCREENING

HEARING SCREENING DARKEN CIRCLES THAT APPLY

RIGHT EAR PASS REFER LEFT EAR PASS REFER

OAE ABR OAE ABR

HEARING RISK STATUS: (DARKEN CIRCLES THAT APPLY)

FAMILY HISTORY PPHN ECWO BIRTH WEIGHT <1500 GRAMS

EXCHANGE TRANSFUSION FOR HYPERBILIRUBINEMIA (DARKEN ALL CIRCLES THAT APPLY)

MISSED BIRTH DEFECT PARENT/GUARDIAN REFUSED BABY EXPIRED FACILITY TRANSFER NOT YET SCREENED (NICU)

HEARING SCREENING DATE

M M D D Y Y

STATE LAB USE ONLY

INFANT'S INFORMATION

Infant's First Name _____

Infant's Medical Record Number _____

Birth Weight (gms) _____ Weight (gms) at Collection _____

WEEKS OF GESTATION _____

NICU OTHER

SELECT ALL THAT APPLY

WHITE BLACK AMERICAN INDIAN

HISPANIC ASIAN/PACIFIC ISLANDER

DECEASED

Multiple Birth Order _____

ADOPTION

Adopted _____

STATE OF FLORIDA-DEPT. OF HEALTH-BUREAU OF LABORATORIES 1217 PEARL STREET JACKSONVILLE FL 32202 (904) 791-1644 (904) 791-6447
ALL SPECIMENS COLLECTED ON INFANTS <24 HRS. OF AGE / <24 HRS. ON PROTEIN MUST BE REPEATED AND SENT TO THE STATE BUREAU OF LABORATORIES FOR RE-EVALUATION. THIS CARD IS NOT VALID FOR USE ON INFANTS COLLECTED ON THE NEWBORN SCREENING SPECIMEN COLLECTION CARD, DH 677, MM-YY. REPLACES ALL PREVIOUS EDITIONS. CONFORMS TO CLSI STANDARDS.

(Note: Specimens cards are frequently updated. Check the expiration date and lot number at the DOH website to ensure that you are not using an expired card.)