Newborn Screening Collection Card Instructions

Key features of new cards:
- Now “bubbles” instead of “boxes.
- Please fill in bubbles completely.
- New Field — Gestational Age!
Please write in full weeks. Do not use days or decimals.
- Birth weight in grams only now
Do not use kilogram, pounds/ounces
- Cards are in royal purple ink

If parents refuse newborn screening for religious reasons:
- Have parents read the Refusal of Testing statement on the back of the screening card. Text is available on our website in other languages for reference only.
- Complete all demographic information on the front of the card AND check the box indicating “Refused”
- Parents must sign and date specimen card to indicate refusal of testing
- Mail refusal cards to the State Laboratory right away, just like a blood specimen

Please:
- Do not place stickers/tracking labels over any demographic information or the “DO NOT USE THIS AREA” section
- Do not separate the filter paper from the demographic information. The barcode number for the filter paper, demographic information section, and hearing card (if present) must match for each child
- Keep record of the unique barcode number in the child’s chart and/or on a tracking log of screening specimens submitted

For people with disabilities, this document is available upon request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).
Newborn Screening Collection Cards Instructions

**Mother’s Information**
- Write mother’s legal first and last name (Do not include middle names)
- Fill in bubble if the mother received steroids within the last 7 days
- Indicate the date when steroids were last administered to the mother

**Miscellaneous Information**
- Indicate anything relevant, such as: adoption, foster care, surrogacy, CPS, family history of NBS disorders, moving/transferring out of state

**Birth Facility**
- Write the ID# for the hospital or birth center where the infant was born
- The card’s yellow flap has a list of all birth facility ID#s for your use
- If home birth, write the individual midwife ID# ("M#")

**Submitter ID**
- Write the ID# for the facility where the specimen was collected
- If home collection, write the individual midwife ID# ("M#")
- Or fill the bubble if same as birth facility
- Test results will be mailed to the submitter

**Follow-Up Care**
- Write the ID# of the facility where the child will receive outpatient care*
- If child will remain in-house, write the hospital’s ID#
- Or fill the bubble if same as submitter
- This facility will be contacted when abnormal results require follow-up
*No longer use individual provider ID#

**Refused**
- Check box if parents refuse testing AND obtain signature on back of card

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**Child’s Information**
- Write the date AND time the child was born
- Write the date AND time the specimen was collected
  - Use 24-hour based time OR fill appropriate AM/PM bubbles
  - Tests are specific to the child’s exact age (in hours) when the specimen was collected
- Write the child’s legal name and Medical Record # (if known)
- Fill the bubble for the sex and birth order of the child
  - This ensures the correct child is being identified
- Write the weight of the child at birth in grams
  - Do not use pounds/ounces, kilograms, or punctuation
- For Race/Ethnicity, fill all bubbles that apply (if known)

**Child’s Special Considerations**
- Fill the NICU bubble if child is or will be in the Intensive Care Unit or Special Care Nursery
- Fill the HA/TPN bubble if the child received hyperalimentation/total parenteral nutrition, or IV supplementation including amino acids in the last 24 hours
- Fill the STERIODS bubble if the child received steroids in the last 7 days
- Fill the ANTIBIOTICS bubble if the child received antibiotics in the last 24 hours
- Fill the TRANSFUSED bubble if the child received red blood cell transfusion

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Complete list of ID numbers available online: www.doh.wa.gov/NBS/IDNumberDirectories

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Front Left

**MOTHER’S INFORMATION**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>First Name (within 7 days)</th>
<th>Date last (within 7 days)</th>
</tr>
</thead>
</table>

**MISCELLANEOUS INFORMATION**

**BIRTH FACILITY**

<table>
<thead>
<tr>
<th>Facility ID (born at):</th>
<th>Name of Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(For home birth, use birth attendant ID)</td>
<td></td>
</tr>
</tbody>
</table>

**SUBMITTER ID**

<table>
<thead>
<tr>
<th>Collected at (facility):</th>
<th>Follow-up Clinic ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as Birth Facility</td>
<td>Same as Submitter</td>
</tr>
</tbody>
</table>

**Follow-Up Care**

<table>
<thead>
<tr>
<th>Child’s INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth: ________ / ______ / ______</td>
</tr>
<tr>
<td>Collection: ________ / ______ / ______</td>
</tr>
<tr>
<td>Name: _______ ______</td>
</tr>
<tr>
<td>Med Rec #: _______ ______</td>
</tr>
<tr>
<td>Sex: M O F</td>
</tr>
<tr>
<td>Gestational Age: ______ weeks</td>
</tr>
<tr>
<td>Birth Order: single if multiple A O B</td>
</tr>
<tr>
<td>Birthweight: ______ grams</td>
</tr>
<tr>
<td>Race/Ethnicity: (Fill in all that apply)</td>
</tr>
<tr>
<td>White Black Asian Hawaiian / Pacific Islander Native American Other Unknown Hispanic</td>
</tr>
<tr>
<td>Transfused (RBC): ______ Date last / ______</td>
</tr>
</tbody>
</table>

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*No longer use individual provider ID#s*