

NEWBORN SCREENING CARD TIPS

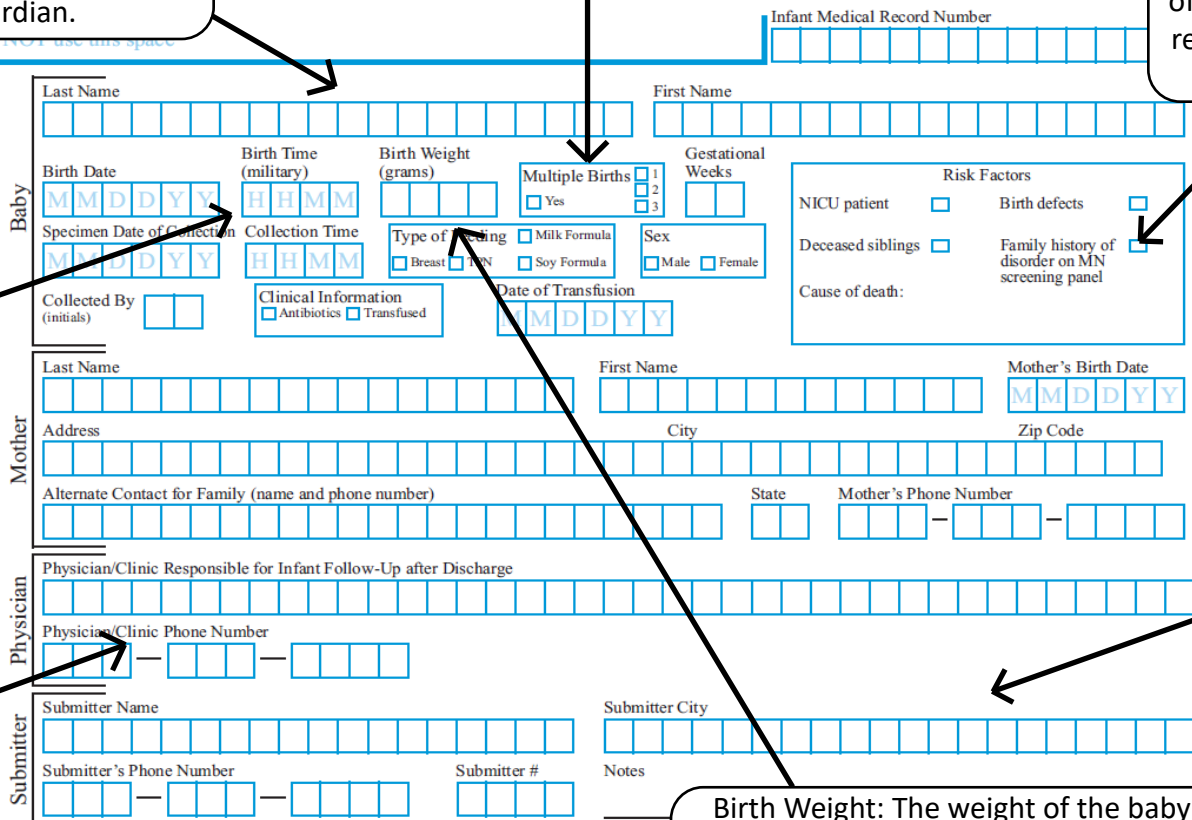
Last Name: Record the baby's last name as it will appear on the birth certificate. Do not assume the baby's last name is the same as the mother/guardian.

Multiple Births: If the baby is one of a set of twins, triplets, etc. check "Yes" and check the number that corresponds to the baby's birth order. For example, for the first baby born in a set of twins, check "Yes" and "1." For the second baby born in a set of twins, check "Yes" and "2."

Risk Factors: Check all risk factors that apply. If any boxes are checked, please use the extra space in the "Risk Factors" box or in the notes section at the bottom of this form to elaborate (e.g., specific birth defect, the name of the disorder in family history). In the case of a deceased sibling, please record the cause of death in the space provided.

Birth Date/ Time and Date/ Time of Collection: Please record the date and time of birth and the date and time of blood spot collection in military time. Testing cannot be performed without accurate dates and times.

Follow-up Physician: Accurate contact information for the physician who will care for the baby after discharge is extremely important. This is who NBS staff will contact in the case of an abnormal screening result. If the physician is not known at the time of screening, please enter the name of the clinic.



The form is divided into sections: **Baby**, **Mother**, **Physician**, and **Submitter**. It includes fields for last and first names, birth date and time, birth weight, gestational weeks, specimen collection date and time, type of feeding, sex, NICU status, risk factors, and contact information for the physician and submitter. There are also checkboxes for multiple births, clinical information, and deceased siblings.

Birth Weight: The weight of the baby at birth (not weight at screening) is important for screening accuracy. Please write the four-digit weight in grams.

Submitter Information: To avoid delays in reporting results, be sure to write in all submitter information. Include the name of the facility or midwife collecting the specimen and submitter number. This is needed to send reports back to the submitting hospitals, clinics, and midwives.