

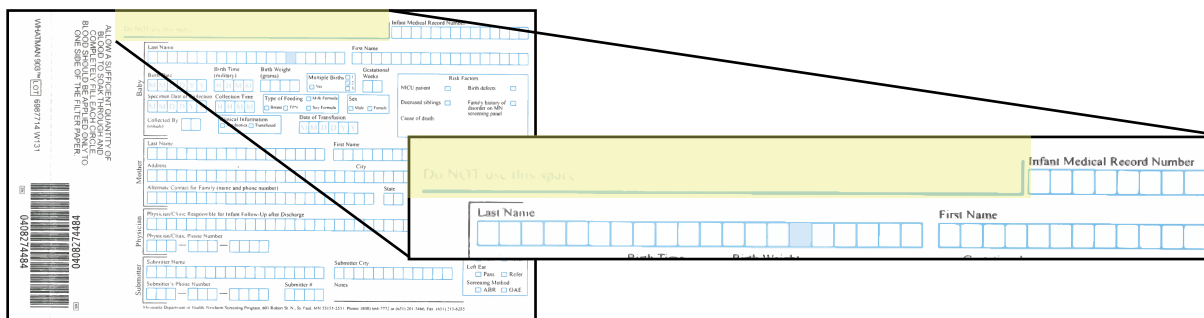
How to Fill Out Newborn Screening Cards

It is extremely important to fill out the screening card accurately and complete. Inaccurate or missing information may affect the accuracy of the screening results and/or the ability to quickly contact the infant's care provider in the event of an abnormal screening result. Any delay may put the child's health at risk. The specimen submitter is legally responsible for the accuracy and completeness of the information on the newborn screening card.

Remember:

- Please write firmly in blue or black ink to ensure that all information is transferred between carbon copies
- Please remove the top sheet before submitting the specimen card to MDH.

Please do not place stickers/tracking labels over or write in the space at the top of the card that says "Do NOT use this space." MDH uses this space to stamp our own identification code



Baby's Information

Infant Medical Record Number

- Please be sure to write the infant's medical record number, not the mother's.

Last Name and First Name:

- Write the infant's last name followed by first name.
- It is important to list the infant's last name regardless of whether the parent(s) have chosen a first name. Do not assume that the infant's last name is the same as the mother's last name. If the parent(s) have not yet chosen a first name, please leave this field blank
- The infant's name written on the newborn screening card should match the infant's name on the birth certificate
- Providing an incorrect last name could potentially cause a delay in reporting abnormal results, impacting the health of the infant.

Birth Date:

- Use a six-digit number (MM/DD/YY) for the newborn's date of birth. For example, an infant born on March 9, 2015 would be recorded as 03 09 15.

Birth Time:

- Always use military time (HH:MM) when entering the time of birth.
- Tests are specific to the exact age (in hours) of the infant so an accurate birth time is crucial.

Birth Weight

- Record the infant's birth weight in grams. *Do not* write the infant's weight at the time that the specimen was collected.
- If the infant weighed under 2000 grams at birth, a separate newborn screening protocol should be followed and a yellow screening card should be used.
- It is important to correctly record the infant's birth weight for accurate test results.

Multiple Births:

- If the infant is one of a set of multiples (twins, triplets, etc.) please check the "Yes" box in the multiple births section.
- It is important to indicate the birth order of the infant. For example, if the infant was the first born in a set of triplets, check the "Yes" and "1" boxes. For the third born infant, check the "Yes" and "3" boxes.

Gestational Weeks:

- Record the infant's week of gestation at time of birth; accurate gestational age is critical for analyzing the results of newborn screening tests.

Baby's Information (cont.)

Specimen Date of Collection:

- Use a six-digit number (MM/DD/YY) for the date that the specimen was collected.

Collection Time:

- Always use military time (HH:MM) when recording the time of specimen collection.
- The time of collection is important for our lab to know because many tests are specific to the infant's exact age in hours at the time the specimen was collected. An incorrect time of collection could lead to a false negative or false positive result.

Type of Feeding:

- Check all types of feeding that apply. For example, if the infant is receiving both TPN and breast milk, check both boxes.

Sex:

- Check the appropriate box to indicate whether the infant's sex is male or female.

Collected By (initials):

- Record the initials of the person collecting the specimen.

Clinical Information:

- If the infant was transfused or received antibiotics, check the appropriate box. This information is critical for accurately interpreting test results.

Date of Transfusion:

- If the infant was transfused, please provide the most recent date of transfusion.

Risk Factors:

- Check the appropriate box if any of these situations apply. If any boxes are checked, please elaborate in the space provided in the "Risk Factors" box or in the "Notes" section at the bottom of the card.
 - If the infant has any deceased siblings, please write the cause of death for the sibling.
 - If the infant has any birth defects (such as a cleft lip/palate, Down syndrome, heart defects, etc.) please write these in the box.
 - If the infant's family has a history of a disorder on the Minnesota screening panel, please write which disorder applies.

The image displays a hearing screening form. On the left is a full view of the form, and on the right is a magnified view of the 'HEARING SCREENING' section. The magnified view shows the following fields:

- Final Screen Date: MMDDYY
- Right Ear: Pass Refer
- Left Ear: Pass Refer
- Screening Method: ABR OAE

HEARING SCREENING

Final Screen Date:

- Use a six-digit number (MM/DD/YY) for the date the final hearing screen was performed

Right Ear/Left Ear:

- Check the box to indicate whether the infant passed the final hearing screen or received a REFER (did not pass) result.
- Complete for both the right and left ear.

Screening Method:

- Check the box indicating the hearing screening technology used: Automated Brainstem Response (ABR) or Otoacoustic Emissions (OAE).

Mother's Information

Last Name and First Name:

- Record the mother's last name followed by her first name
- In the event of an adoption, please record the name of the adoptive parent here.
- Accurate identifying information is crucial for contacting the mother in the event of an abnormal result or a need for retesting.

Mother's Birth Date:

- Use a six-digit number (MM/DD/YY) for the mother's date of birth.
- In the event of an adoption, please write the date of birth of the adoptive parent.

Address:

- Record the mother's current street address, city, and zip code.
- In the event of an adoption, please record the address of the adoptive parent here.
- Accurate contact information is crucial for contacting the mother in the event of an abnormal result or a need for retesting.

Alternative Contact for Family (name and phone number):

- Record the name and phone number for an alternative contact person for the family. This person may be a friend or relative.
- If an infant was born via surrogacy, use the name of the parent who will be caring for the infant after delivery.
- In the event of an adoption, please record the name and phone number of the case worker here.
- In the event that the infant will be held in protective services, record the name and phone number of the infant's social worker.
- Accurate contact information for an alternate contact is important in ensuring that the infant can receive follow-up testing and/or care in the event of an abnormal result and the parent(s) cannot be reached.

State:

- Record the mother's current state of residence.
- In the event of an adoption, please record the state of residence of the adoptive parent here.

Mother's Phone Number:

- Record the mother's phone number (including area code) at which she can be most easily reached in case of emergency.
- In the event of an adoption, please record the phone number of the adoptive parent here.

Physician/Clinic Responsible for Infant Follow-Up after Discharge

Physician

Physician/Clinic Phone Number

Physician's Information

Physician/Clinic Responsible for Infant Follow-Up After Discharge:

- Provide the name of the infant's primary care provider/clinic.
- If the provider is not known at the time of specimen collection, be sure to write down the name of the clinic where the parent(s) plan to take the newborn for his or her first well child check
- This is also the physician/clinic who will receive the newborn screening results from the submitting facility/provider.
- Do not write the name of the provider who rounded on the newborn in the hospital.
- Correctly recording this information is critical. MDH needs the name of the primary care provider in order to make sure follow-up of abnormal results is completed.

Physician's/Clinic's Phone Number:

- Provide the phone number (including area code) for the infant's primary care physician/clinic.
- This information is used to contact the physician/clinic with abnormal test results and follow-up information.

Submitter

Submitter Name

Submitter City

Submitter's Phone Number

Submitter #

Notes

Minnesota Department of Health, Newborn Screening Program, 601 Robert St. N., St. Paul, MN 55155-2531 Phone: (800) 664-7772 or (651) 201-5466, Fax: (651) 215-6231

Submitter Information

Submitter Name:

- Record the name of the birth hospital, clinic, or midwife who collected the specimen.

Submitter City:

- Write the name of the city where the submitter is located (vital now that so many institutions have the same name and/or are part of a larger affiliation)

Submitter's Phone Number:

- Record the submitter's telephone number, including area code.

Submitter #:

- All hospitals and midwives have been assigned a submitter code number that should be recorded in the box provided. This number is used to link newborn screening reports to the submitter so that MDH can mail the submitter the results.