



Please remove the top sheet of the newborn screening card before sending it to MDH.

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

**Multiple Births:** If the infant is one of a set of twins, triplets, etc., check "Yes" and check the number that corresponds to the infant's birth order. For example, for the first baby born in a set of twins, check "es" 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, etc.). 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/time of birth and the date/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 child after discharge is extremely important. This is who our 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 where the infant will be seen.

The form is divided into sections for Baby, Mother, Physician, and Submitter. It includes fields for Last Name, Birth Date, Birth Time, Birth Weight, Gestational Weeks, Specimen Date of Collection, Collection Time, Type of Feeding, Sex, Multiple Births, Risk Factors (NICU patient, Deceased siblings, Cause of death, Birth defects, Family history of disorder on MN screening panel), Physician/Clinic Responsible for Infant Follow-Up after Discharge, Physician/Clinic Phone Number, Submitter Name, Submitter City, Submitter's Phone Number, Submitter #, and Notes. There are also checkboxes for Left Ear (Pass/Refer) and Screening Method (ABR/OAE).

**Birth Weight:** The weight of the infant at birth (not weight at screening) is important for screening test accuracy. If the infant weighed under 2000 grams at birth, please use a yellow screening card. Always write the birth weight in grams.

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