

S&S 903<sup>®</sup> LOT # W-031

L-6152003

EXP. DATE: JANUARY, 2006

PLEASE PRINT The ENTIRE form must be completed.

R 028404

Baby's Name LAST FIRST		Mother's Name LAST FIRST	
Baby's Birthdate / / Time (Military) : :		Specimen Collection Date / / Time (Military) : :	
SEX: F M	Baby's ID No.	Gest. Age Wks	Transfusion(s) Last TXN Date N Y
Birth Weight lb oz <u>01</u> grams	Baby's Race Black Hispanic White Native American Asian/Pacific Isle Other	FAO Unsat. Specimen	OA Routine
Repeat Specimen? Y N	Reason for repeat: TSH 17-OHP Galactose Phenylalanine	Send Report to: (IF DIFFERENT FROM HOSPITAL OF BIRTH)	
Hospital/ City of Birth:		Physician's Phone # ( )	
Baby's Physician LAST FIRST		Newborn Screening Laboratory State Laboratory of Hygiene 465 Henry Mall Madison, WI 53706	
Mother's Hepatitis B Surface Antigen NEG POS		Hearing Screening Date (If different from Specimen Collection Date)	
Hearing Screening Date (If different from Specimen Collection Date)		R.Ear: <input type="checkbox"/> Pass <input type="checkbox"/> Refer L.Ear: <input type="checkbox"/> Pass <input type="checkbox"/> Refer	
Not Screened: (Circle Reason)		Hearing Screening Method: <input type="checkbox"/> ABR <input type="checkbox"/> OAE <input type="checkbox"/> Both	
NICU Deceased Refused No Hearing Program Transferred State Lab use ONLY		Equipment Failure Other	

R.H. Laessig, Ph.D., Director  
D. Kurtyez, M.D., Med Director  
WSS 253.13 HYG:213

HEARING SCREENING PULL OUT

COMPLETELY FILL ONE CIRCLE AT A TIME



FILL ALL FIVE CIRCLES

APPLY TO ONE SIDE ONLY