Wisconsin Newborn Screening Specimen Collection Form

SEX: *This field is critical for baby's identification.*

BABY'S NAME: Enter baby's last name followed by first name. If no first name, leave blank. For multiple births enter birth order, e.g., Twin A, Twin B, even if a first name is provided.

SPECIMEN COLLECTION DATE AND TIME: Enter specimen collection date as MM/DD/YY and time in military time.

This field is critical for interpretation of results.

MOTHER'S NAME: Enter mother's last name followed by her first name.

This field is critical for baby's identification.

BIRTHWEIGHT (grams): Enter weight in grams.

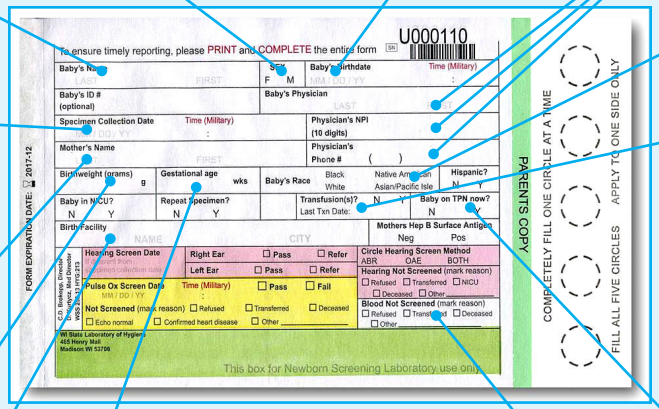
This field is critical for interpretation of results.

BIRTH FACILITY: Enter name and city of facility where birth occurred. If born at home, enter "Home Birth." If born in another state or country, include name of hospital, state, and/or country.

This field is critical for baby's identification.

BIRTHDATE / TIME: Enter birthdate as MM/DD/YY and time in military time.

This field is critical for interpretation of results.



PRINT CLEARLY

COMPLETE ALL FIELDS

DO NOT WRITE OR PLACE LABELS IN GREEN AREA OF CARD

GESTATIONAL AGE: Enter the gestational age ***at time of birth*** in weeks (wks). Round up if 4 or more days beyond full week:

38 weeks + 4 days = 39 weeks
36 weeks + 3 days = 36 weeks

Do not add current age to gestational age.

BABY'S PHYSICIAN / NPI / PHONE #: Enter the last ***and*** first names of the physician caring for the baby, NPI number, and phone number.

Reports and any abnormal results are forwarded to the physician identified by these three fields.

BABY'S RACE: Circle race of baby. If baby is of mixed race, circle all that apply.

TRANSFUSION(S): Circle **N** or **Y**. Ideally, collection should be performed prior to transfusion. If baby has been transfused, enter date of LAST transfusion. If infant was transfused *in utero*, circle **Y** and record "prior to birth" if exact date is unknown.

For transfused babies, the transfusion date is important for determining whether test results are valid.

BABY ON TPN NOW: Circle **N** or **Y**. Circle **Y** if baby is on Total Parenteral Nutrition or any amino acid supplement at time of collection.

BLOOD NOT SCREENED: Complete this box if no blood on card:

- Blood screening was refused **OR**
- Baby is deceased **OR**
- Baby was transferred prior to collection

Do not transfer card with baby.

*Return card **with all demographic information completed** to WSLH for replacement.*

Wisconsin State Laboratory of Hygiene
UNIVERSITY OF WISCONSIN–MADISON

For any questions/comments/concerns, please contact WSLH Newborn Screening:
Email: nbsqualityreport@slh.wisc.edu • Phone: 608-262-6547 • Fax: 608-262-5494

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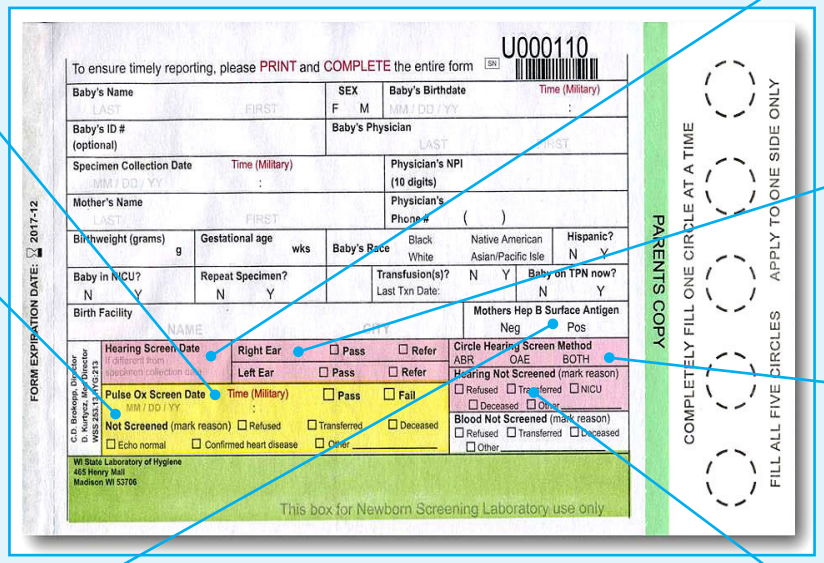
PULSE OX SCREEN DATE / TIME: Enter date as MM/DD/YY and time in military time ***and*** **RESULT:** Check only one box (Pass OR Fail).

NOT SCREENED: If pulse ox screening was ***not*** performed, check reason listed. If **Other**, please specify.

MOTHER'S HEP B SURFACE ANTIGEN: Circle **NEG** if mother's test result is non-reactive or negative. Circle **POS** if mother's test is reactive or positive. Do not confuse hepatitis antibody results for hepatitis surface antigen results.

This information is very important to assure that infants of HBsAG positive mothers receive proper immunizations.



HEARING SCREEN DATE: Enter date screened as MM/DD/YY.

RIGHT EAR / LEFT EAR: Check **Pass** if hearing results are normal. Check **Refer** if hearing results are abnormal.

CIRCLE HEARING SCREEN METHOD: Circle **ABR** for auditory brainstem response method (also known as AABRR), **OAE** for otoacoustic emissions method (also known as TEOAE or DPOAE), or **BOTH** if each method is used.

HEARING NOT SCREENED: If hearing screening was not performed, check reason. If **Other,** please specify.

If hearing screening results are not provided with the initial blood card, results should be submitted to WeTrac, not WSLH.

PRINT CLEARLY

COMPLETE ALL FIELDS

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IMPORTANT:

Reporting of CCHD pulse ox and hearing results should ***NEVER*** *delay the submission of a blood card.*

Pulse ox information not submitted on the initial blood card should be submitted to the WSLH; photocopy the blood card before shipping the original to the WSLH. CCHD screening results can then be written on the photocopy and sent to the WSLH at a later date.

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