

WISCONSIN NEWBORN SCREENING SPECIMEN COLLECTION FORM

MULTIPLE BIRTH:
(#1 of 2, #2 of 2, etc.)

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

This field is critical for interpretation of results.

BABY'S PCP/NPI#/CLINIC/PHONE#:
Enter the last **and** first names of the baby's primary care provider, NPI#, clinic name and city, and clinic phone #.

Reports and any abnormal results are forwarded to the PCP identified in these fields.

BABY'S NAME (LAST/FIRST): Enter baby's last name followed by first name, if known.

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

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.

ORDERING PHYSICIAN/NPI#

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.

MOTHER'S NAME (LAST/FIRST):
Enter mother's last name followed by her first name.

This field is critical for baby's identification.

TRANSFUSION(S): Circle **N** or **Y**. 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 date is unknown.

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

WEIGHT AT BIRTH (grams):
Enter weight in grams.

This field is critical for interpretation of results.

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

This field is critical for baby's identification.

PRINT CLEARLY

COMPLETE ALL FIELDS

DO NOT WRITE OR PLACE LABELS IN BLUE AREA OF CARD

BLOOD NOT SCREENED: Complete this box if there is no blood on card **AND**:

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

Never transfer card with baby.

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

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.



rev. 7/17

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

COMPLETE A NEWBORN SCREENING CARD FOR EVERY BABY BORN IN WISCONSIN

WISCONSIN NEWBORN SCREENING SPECIMEN COLLECTION FORM

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

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.

RIGHT EAR/LEFT EAR: For each ear, check **Pass** if hearing results are normal. Check **Refer** if hearing results are abnormal.

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

U204001

Please fill out the form entirely with **LEGIBLE** and **ACCURATE** information

Baby's Name (LAST / FIRST)		Multiple births, indicate: # OF	SEX F M	Baby's Birthdate Time (Military) MM / DD / YY
Baby's ID # (MRN)		Baby's Primary Care Provider/NPI#		
Specimen Collection Date Time (Military) MM / DD / YY		PCP's Clinic Name		
Mother's Name (LAST / FIRST)		Ordering Physician/NPI#		
Weight at birth (grams) g	Gestational age wks	Baby's Race		
Baby in ICU?	Repeat Specimen?	Transfusion(s)?		
Birth Facility (required)		Mother's Hep B Surface Antigen (HBsAg):		
Blood Not Screened (mark reason)		Pulse Ox Screen Date Time (Military) MM / DD / YY		
Hearing Screen Date		Hearing Not Screened (mark reason)		
Circle Hearing Screen Method		Right Ear		
ABR OAE BOTH		Left Ear		

WI State Laboratory of Hygiene
463 Henry Mall
Madison WI 53706

This box for Newborn Screening Laboratory use only

FORM EXPIRATION DATE: 2020-03-31

PARENTS COPY

COMPLETELY FILL ONE CIRCLE AT A TIME

FILL ALL FIVE CIRCLES APPLY TO ONE SIDE ONLY

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

MOTHER'S HEP B SURFACE ANTIGEN (HBsAg): 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 B *antibody* results for hepatitis B *surface antigen* results.

This field is critical for proper immunization of infants born to HBsAg-positive mothers.

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.

PRINT CLEARLY

COMPLETE ALL FIELDS

DO NOT WRITE OR PLACE LABELS IN BLUE AREA OF CARD

IMPORTANT:

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

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

If pulse ox screen results are not provided on the initial blood card, photocopy the blood card before shipping the original to the WSLH. Write pulse ox screen results on the photocopy and send to WSLH at a later date.



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