### Wisconsin Newborn Screening Specimen Collection Form

**Dates/Times (Military):**
Enter as MMDDYY 00:00

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**Baby’s Name (Last, First):**
Enter name at time of collection

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**Mother or Guardian (Last, First):**
Enter name as last, first.
In cases of surrogacy, adoption, etc. enter the name of the baby’s guardian.

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**Gestational Age:**
Enter the gestational age at time of birth in weeks (wks) and days.
**Do NOT** add current age to gestational age.

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**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.

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**Blood Not Submitted:**
Submission of a completed card from the place of birth is required for every baby regardless if a collection was performed.
Indicate reason for no blood submission:
- Blood screening is DECLINED due to religious beliefs or personal convictions
- Baby is DECEASED (specify date)
- Baby was TRANSFERRED to another facility prior to collection (specify facility)
- OTHER (specify reason)

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**Submitter Label/Barcode:**
This label indicates the entity collecting the specimen.

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**Print legibly and accurately**

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**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 #.

This field is critical for follow-up and reporting of results.

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**Multiple Birth:**
For twins, triplets, etc. (#1 of 2, #2 of 2, etc.)

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**Every Baby Born in Wisconsin is Required to Have a Newborn Screening Card Completed.**
EVERY BABY BORN IN WISCONSIN IS REQUIRED TO HAVE A NEWBORN SCREENING CARD COMPLETED.