Wisconsin Newborn Screening Specimen Collection Form

**DATES/TIMES (Military):** Enter as MMDDYY 00:00

**BABY’S NAME (LAST, FIRST):** Enter name at time of collection

**MOTHER OR GUARDIAN (LAST, FIRST):** Enter name as last, first. In cases of surrogacy, adoption, etc. enter the name of the baby’s guardian.

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

**SUBMITTER LABEL/Barcode:** This label indicates the entity collecting the specimen.

**MULTIPLE BIRTH:** For twins, triplets, etc. (#1 of 2, #2 of 2, etc.)

**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.

**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.

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

**PRINT LEGIBLY AND ACCURATELY**

**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) **NEVER transfer card with baby**
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For any questions/comments/concerns, please contact WSLH Newborn Screening:
Email: nbsqualityreport@slh.wisc.edu • Phone: 608-262-6547 • Fax: 608-262-5494

EVERY BABY BORN IN WISCONSIN IS REQUIRED TO HAVE A NEWBORN SCREENING CARD COMPLETED.