

Completing the Wisconsin Newborn Screening Blood Collection Form



The following is provided to help you accurately complete the newborn screening blood collection form. All information is read and keyed by newborn screening data entry personnel so legibility is extremely important. **Please print neatly.**

- **BABY'S NAME:** Record the newborn's last name followed by first name. If no first name, leave blank.
 - No need to write boy, girl, infant, etc.
 - For multiple births record Twin A, Twin B, etc. as appropriate even if a first name is provided.
- **SEX:** Circle either **F** for female or **M** for male.
- **BIRTH DATE AND TIME:** Record birth date as **MM/DD/YY** and the time in **military** time (Ex: 1 pm = 1300).
 - Completion of this field is critical as it is used for normal range determination.
- **BABY'S ID NO.:** Record the appropriate hospital or medical record number
This is not a required field. If provided, the baby's ID number will appear on the report issued for that specimen. This may be helpful to you in matching an issued report to the appropriate baby.
- **BABY'S PHYSICIAN:** Record the physician's last name followed by the first name. Below the name record the physician's 10 digit NPI and phone number.
 - The newborn screening statute requires the laboratory to contact the physician when test results are abnormal. Both normal and abnormal results are sent to the physician and submitter.
- **SPECIMEN COLLECTION DATE AND TIME:** Record the specimen collection date as **MM/DD/YY** and the time in **military** time (Ex: 1 pm = 1300).
 - Completion of this field is critical as it is used for normal range determination.
- **MOTHER'S NAME:** Record the mother's last name followed by the first name.
 - The mother's first and last names are essential when inquiring about a baby's testing status or requesting an additional report.
- **BIRTH WEIGHT:** Record weight in grams.
 - Completion of this field is critical as it is used for normal range determination.
- **GESTATIONAL AGE:** Record the newborn's week of gestation at time of birth.
 - The gestation age should be rounded up (e.g. 38.5 should be recorded as 39).
 - **Do not** add current age to gestational age.
- **BABY'S RACE/HISPANIC?:** Circle the appropriate race of the baby.
 - If the baby is of mixed race, circle all that apply.
 - For Hispanic babies, check **Y** for Hispanic **and** the appropriate race.
- **BABY in NICU?:** Circle **N** for no or **Y** for yes.
- **REPEAT SPECIMEN:** Circle **N** for no or **Y** for yes.
- **TRANSFUSION:** Circle **N** or **Y**. If **Y** is circled then record the date of the **LAST** transfusion.
 - For babies who received blood transfusion, the transfusion date is the important factor for determining whether the test results are valid.
 - If the infant was transfused in utero, circle Y and record "prior to birth" if exact date is unknown.
- **BABY ON TPN NOW?:** Circle **N** or **Y**. Circle **Y** if the baby is on Total Parenteral Nutrition at the time of the specimen collection.

- **BIRTH FACILITY:** Record the name and city of the facility where the birth occurred.
 - If born at home, record *Home Birth*.
 - If born in another state or country, do not include the name of the hospital, just the state/country.

HEPATITIS SCREENING

- **MOTHER'S HEPATITIS B SURFACE ANTIGEN:** Circle **NEG** if the mother's test result is non-reactive or negative. Circle **POS** if the mother's test is reactive or positive.
 - This information is very important to assure that infants of HBsAG positive mothers receive proper immunizations.
 - Do not confuse hepatitis antibody results for hepatitis surface antigen results.

HEARING SCREENING

- **DATE SCREENED:** Record the date screened if different from the blood specimen collection date.
- **Right EAR:** Circle **Pass** if the hearing results are normal. Circle **Refer** if hearing results are abnormal.
 - If the right ear is not screened, circle the appropriate reason in the NOT SCREENED section of the form.
- **Left EAR:** Circle **Pass** if the hearing results are normal. Circle **Refer** if hearing results are abnormal.
 - If the left ear is not screened, circle the appropriate reason in the NOT SCREENED section of the form.
- **HEARING METHOD:** Check **ABR** for the auditory brainstem response method (also abbreviated as AABRR). Check **OAE** for the otoacoustic emissions method (also abbreviated as TEOAE or DPOAE).
 - Circle **BOTH** if each method is used.
- **HEARING NOT SCREENED REASON:** If the hearing screening was not performed prior to blood screening, check the appropriate reason. If *Other* is selected write in the reason why hearing screening was not performed.

PULSE OX SCREENING

- **DATE AND TIME SCREENED:** Record the date as **MM/DD/YY** and the time in **military** time (Ex: 1 pm = 1300).
- **PULSE OX RESULT:** Check box **Pass** or **Fail**
- **NOT SCREENED:** If the Pulse Ox screening was not performed prior to blood screening, check the appropriate reason. If *Other* is selected write in the reason why Pulse Ox screening was not performed.

Reporting of CCHD results should **NEVER** delay the submission of the blood card. If CCHD pulse ox testing has not been done by the time the blood specimen is ready, photocopy the newborn screening blood card and ship the original blood card. The CCHD screening results can be recorded on the photocopy of blood card, and then sent to the Wisconsin State Laboratory of Hygiene.

BLOOD NOT SCREENED

This newborn screening form must be completed regardless of whether blood screening is performed. If the blood screening was not performed, check the appropriate reason. If *Other* is selected, write in the reason why blood screening was not performed. Forms without blood sample collection will be replaced without charge on a monthly basis.

QUESTIONS?

Please contact the Wisconsin Laboratory of Hygiene Newborn Screening Laboratory at 608-262-6547.