WISCONSIN NEWBORN SCREENING SPECIMEN COLLECTION FORM

MULTIPLE BIRTH:

(#1 of 2, #2 of 2, etc.)

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

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 (LAST/FIRST):

Enter mother's last name followed by her first name.

This field is critical for baby's identification.

WEIGHT AT BIRTH (grams):

Enter weight in grams.

This field is critical for interpretation of results.

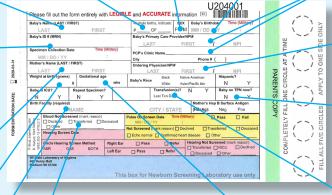
BIRTH FACILITY: Enter name, city and state of facility where birth occurred. If born at home, enter "Home Birth." If born in another country, include name of hospital and country.

This field is critical for baby's identification.

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

This field is critical for interpretation of results.

SEX: 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.

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.

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.

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.

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.



For any questions/comments/concerns, please contact WSLH Newborn Screening:

Email: nbsqualityreport@slh.wisc.edu • Phone: 608-262-6547 • Fax: 608-262-5494

rev. 7/17

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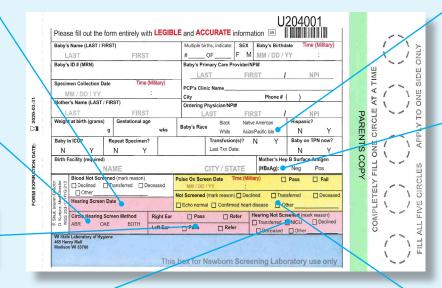
HEARING SCREEN DATE: Enter date screened as MM/DD/YY.

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.



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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

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.

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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