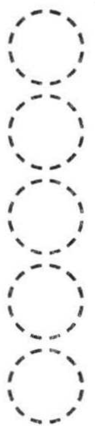
1) Do not touch sample area



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STATE LAB USE ONLY

2) Do not use if damaged or after expiry date.

PLEASE FILL IN THIS CARD USING CAPITAL LETTERS ONLY. ALL FIELDS MUST BE FILLED OUT COMPLETELY TO AVOID DELAY. ILLEGIBLE HANDWRITING AND INCOMPLETE INFORMATION WILL RESULT IN DELAYS.

INFANT'S INFORMATION — **DARKEN ALL CIRCLES THAT APPLY :** ◯ REFUSED ◯ INFORMATION ONLY | **STATUS:** ◯ DECEASED ◯ ADOPTION ◯ NICU ◯ MECONIUM ILEUS confirmed/suspected

Infant's Last Name — Infant's First Name — Hospital of Birth — Infant's Medical Record Number

Date of Birth — Birth Time (Military Format) — Birth Wt. (gms) — Gender — Birth Order — Weeks of Gestation — Collection Date — Time (Military Format) — Collection Wt. (gms) — Collected By (I.D.) — Transfusion Date — Time (Military Format)

MOTHER'S/FATHER'S CONTACT

Mother's Last Name — Mother's First Name — Mother's Date of Birth — Mother's Social Security Number — Mother's or Contact's Telephone Number

Mother's Address (Include Apartment Number) — City — State — Zip Code — Alternate Telephone Number

INSURANCE INFORMATION

Insured's Name (Last, First & Middle Initial) — Insurance/Medicaid ID# — ◯ PRIVATE/MMA ◯ SELF-PAY ◯ MEDICAID PENDING

Insured's Date of Birth — Insurance Group ID# — Relationship to Insured — Name of Insurance Company — Insured's Social Security #

PRIMARY CARE / FOLLOW UP PHYSICIAN INFORMATION

Physician's Last Name — First Name — Physician's Telephone Number

ORDERING PHYSICIAN INFORMATION

Physician's Last Name — First Name — NPI Number

COLLECTION FACILITY INFORMATION

Collection Facility Name — Laboratory ID#

MAIL TO (SUBMITTER INFORMATION)

Facility Name (Hospital or Clinic)

Address — City — State — Zip Code

SPECIMEN INFORMATION

Darken all circles that apply at time of collection

◯ INITIAL ◯ REPEAT ◯ NPO ◯ ORAL ◯ TPN / HYPERAL

RACE (DARKEN ALL CIRCLES THAT APPLY)

◯ WHITE ◯ BLACK ◯ HISPANIC ◯ AMERICAN INDIAN ◯ ASIAN ◯ PACIFIC ISLANDER ◯ OTHER

PULSE OXIMETRY — DATE — ◯ NOT TESTED ◯ PASS ◯ FAIL

RH_________% LE_________%

HEARING SCREENING — DATE

LEFT EAR: ◯ PASS ◯ REFER ◯ OAE ◯ ABR

RIGHT EAR: ◯ PASS ◯ REFER ◯ OAE ◯ ABR

HEARING RISK STATUS (Darken all circles that apply)

◯ ECMO
◯ PPHN
◯ FAMILY HISTORY
◯ BIRTH WEIGHT <1500 GRAMS
◯ EXCHANGE TRANSFUSION FOR HYPERBILIRUBINEMIA

HEARING NOT SCREENED BEFORE DISCHARGE DUE TO: (Darken all circles that apply)

◯ BABY EXPIRED ◯ MISSED
◯ BIRTH DEFECT ◯ FACILITY TRANSFER
◯ NOT YET SCREENED (NICU)
◯ PARENT/GUARDIAN REFUSED

STATE OF FLORIDA-BUREAU OF PUBLIC HEALTH LABORATORIES 1217 N PEARL ST. JACKSONVILLE, FL 32202 (904) 791-1645 EXP SEP-2019
Newborn Screening Specimen Collection Card, DH 677, 09-16, Replaces ALL Previous Editions. Conforms to CLSI Standards. Rule 64C-7.002, F.A.C.