



Instructions for completing the demographic information in the kit

Having accurate and legible information entered onto the newborn screening kit is the important first step in the newborn screening process. Please print clearly using blue or black ink. An attempt should be made to complete all fields. Incomplete or inaccurate information may result in inconclusive or erroneous newborn screening (NBS) results. Do **not** use correction fluid on the kit to cover errors. If an error is made in completing the form, cross through the error and print the correct information above.

Baby's information

1. Baby's Name

Last Name: Enter the baby's last name as it will appear on the birth certificate. If the baby's last name is unknown, then the mother's last name should be entered as the baby's last name. If the last name is a hyphenated name (i.e. Smith-Jones), include a hyphen in a separate box on the form.

First Name: Enter the baby's first name as it will appear on the birth certificate. Do not enter "Baby Boy," "Baby Girl," "Infant" or a hospital ID in this field. If the baby's first name is unknown, leave the field blank. Historically, this field has been completed on fewer than 50 percent of samples. The first name is helpful in identifying a child for follow-up when the last name has changed. Please make an effort to routinely complete this field.

2. **Baby AKA:** Complete this field only if the baby is known by more than one name (i.e. if the baby's last name has changed). This field can also be used to indicate custody issues by entering "Adoption," "Safe Haven," or "Foster Care" or a baby's death by entering "Expired" followed by the date of death.
3. **Medical Record Number:** Enter the baby's medical record or ID number at the facility submitting the sample
4. **Birth Order if Multiple:** (for multiple births only) Use alphabet designation (i.e. A, B, C etc) to indicate baby's order of birth.
5. **Gestation (in Weeks):** Enter the baby's gestational age at birth in weeks based on physical exam (preferred) or last menstrual period.
6. **Birth Date and Time:** Enter the date and time of birth (use military time: noon = 1200, midnight = 2400). This information is necessary for interpretation of results; if these fields are incomplete, the NBS results may be reported as inconclusive. When the sample is being collected on an infant/child who is older than 48 hours, the birth time is not essential for interpretation of results.
7. **Sex:** Indicate the baby's sex by filling in the correct circle [M= male; F = female; A = ambiguous (sex is unassigned due to abnormal genitalia or other congenital anomalies) U = unknown (sex is assigned, but unknown to the person completing the form)]



- 8. Current weight:** Enter the weight of the baby at the time of sample collection. The baby's weight can be reported in either grams (preferred) or pounds and ounces. For samples collected in the newborn period, the birth weight should be entered. This information is necessary for interpretation of NBS results, if this field is incomplete, the screening results will be reported as inconclusive.
- 9. Baby Hispanic?:** Indicate whether the baby is of Hispanic ethnicity by marking "yes" or "no." Ethnicity information should be obtained from the birth parents.
- 10. Race:** Indicate the baby's racial background by marking all races that apply. Racial information should be obtained from the birth parents.
- 11. Red Blood Cell Transfusion:** Indicate whether the baby has received a red blood cell (RBC) transfusion prior to NBS sample collection by marking "yes" or "no." If the transfusion status is unknown, then leave this field blank. If the baby has been transfused, fill in the date and time of the last transfusion prior to collection of NBS sample. Transfusion includes "intrauterine" transfusion. This information is necessary for interpretation of NBS results; inaccurate or incomplete information in these fields can result in erroneous screening results. Note about transfusion and NBS: Transfusion affects the results of some NBS tests. Please make an attempt to collect a pre-transfusion NBS sample even if the baby is less than 24 hours of age. If a baby has been transfused, the NBS sample should not be collected until 24 hours post-transfusion.
- 12. Feeding:** Indicate all types of feedings the baby has received up to 48 hours prior to the collection of the NBS sample. Note about TPN and NBS: Total parenteral nutrition (TPN) and fortified formulas can artificially elevate amino acid levels on NBS testing. An attempt should be made to collect a pre-TPN sample if the baby is greater than 24 hour old when TPN is initiated. If a baby is on TPN at the time of NBS sample collection, a repeat NBS may need to be drawn 24 hours after TPN is discontinued.
- 13. Baby in NICU?:** Indicate whether the baby is in the NICU at the time of NBS sample collection.
- 14. Adoption in Process?:** Indicate whether the baby is in the process of being adopted and will not be in the custody of the birth mother at time of NBS follow-up.

Birth Mother's Information

- 15. Mother's Name: Mom's Last Name:** Enter the mother's last name at the time of delivery as it will appear on the baby's birth certificate. **Mom's First Name:** Enter the mother's first name as it will appear on the birth certificate.
- 16. Mom's Birth Date:** Enter the mother's date of birth.
- 17. Mom's Address:** Enter mother's current street address include apartment/lot number or PO Box.
- 18. Mother's Residency Information: City:** Enter the city for the mother's current address; **State:** Enter the two letter state abbreviation for the mother's current address; **Zip:** Enter



the 5 digit zip code for the mother's current address; **County:** Enter the first four letters of the county for the mother's current address. If mother resides outside of Ohio, this field can be left blank.

19. Mom's Phone/Emergency Number: Enter the mother's home or cell phone number and/or an emergency number of a person who can contact mother.

20. Mother's Hepatitis Information: Mom's HBsAg Test Date: Enter the date of the mother's most recent hepatitis B surface antigen (HBsAg) test; **HBsAg Results:** Indicate the results of the mother's most recent HBsAg test by marking "POS" = positive; "NEG" = negative or "UNK" = unknown. If the date of the mother's HBsAg status was not drawn with the current pregnancy, consider the status as "unknown."

Baby's Primary Medical Care Provider for Follow-up

21. Medical Provider Last/First Name/NPI Number: Enter the last name, first name and the National Provider Index number of the primary medical provider who will be assuming care of baby upon discharge from the birth facility. Complete field 25 and 26 if the baby will be attending a clinic and does not have a specific medical provider.

22. Practice Name: Enter the name of the medical practice or clinic where the baby will receive care upon discharge from the birth facility.

23. Provider Address: Enter the address, phone and fax number of the medical provider where the baby will receive care upon discharge from the birth facility. If the complete information is unknown, enter as much information as is available. Throughout the state there are many physicians who have the same name. It is important for the lab to know at least the street and city where the medical practice is located.

24. Provider Telephone/FAX Number: Enter the telephone number and the fax number for the provider.

Birth Facility information: Enter the National Provider Index Number of the Birth Facility

25. Birth Facility Name: Enter the name of the facility where the baby was born. (Please do not use abbreviations.) If the baby was born outside a hospital or birth center, enter "home" or "other." If the baby has been transferred to another facility at the time of sample collection, enter the birth facility in field 31 and the transfer hospital in field 33.

26. Medical Attendant Last / First Name: Enter the name of the medical provider or midwife attending the baby in the newborn period.

Specimen collection

27. Specimen Type: Indicate whether the current sample is the baby's initial sample or a repeat screen. For repeat screens, enter the kit number of the baby's initial screen, if known.

28. Collecting Facility: Enter the name of the facility collecting the NBS sample if different from the birth facility



29. Collect Date and Time: Enter the date and time of sample collection (use military time: noon = 1200, midnight =2400). *This information is necessary for interpretation of NBS result;, if these fields are incomplete the screening results will be reported as inconclusive.*

30. Collector's Initials: Enter the initials of the individual collecting the specimen.

