Attach Hospital Label
(If Available)

DO NOT USE ADDRESSOGRAPH

OHIO DEPT OF HEALTH NEWBORN SCREEN

SN 05632901

NBS LAB COPY
Send to NBS Lab within 48 hours of specimen collection.

BABY'S INFORMATION

(1) BABY LAST NAME
FIRST NAME (2) BABY AKA

(3) MED REC #
(4) BIRTH ORDER IF MULTIPLE (A, B, C, etc.)

(5) GEST (IN WKS)
(6) BIRTH DATE MMDDYY BIRTH TIME HHMM USE 24 HR TIME ONLY

(7) SEX: M ◯ F ◯ A ◯ U ◯
(8) BIRTH WEIGHT GMS / LBS OZ
IF REPEAT SAMPLE, USE CURRENT WEIGHT

(9) BABY HISPANIC? Y ◯ N ◯
(10) BABY RACE: (MARK ALL THAT APPLY) WHITE ◯ BLACK ◯ ASIAN ◯ PACIFIC ISLANDER ◯ NATIVE AMERICAN NATIVE ALASKAN ◯

(11) RBC TRANSFUSION? Y ◯ N ◯ DATE MMDDYY TIME HHMM USE 24 HR TIME ONLY

(12) FEEDING: (MARK ALL THAT APPLY) BREAST ◯ FORMULA ◯ TPN ◯

(13) BABY IN NICU? Y ◯ N ◯
(14) IS ADOPTION IN PROCESS? Y ◯ N ◯

BIRTH MOTHER'S INFORMATION

(15) MOM LAST NAME
FIRST NAME (16) MOM BIRTH DATE MMDDYY

(17) MOM ADDRESS

(18) CITY ST ZIP COUNTY

(19) MOM PHONE # EMERGENCY #

(20) HBsAg DATE MMDDYY HBsAg RESULTS POS ◯ NEG ◯ UNK ◯

BABY'S PRIMARY MEDICAL CARE PROVIDER FOR FOLLOW-UP

(21) MED PROVIDER LAST
FIRST NAME NPI #

(22) PRACTICE NAME

(23) PROVIDER ADDRESS
CITY ST ZIP

(24) PHONE # FAX #

BIRTH FACILITY INFORMATION

NPI #

(25) BIRTH FACILITY NAME

(26) MED ATTEND LAST
FIRST NAME

SPECIMEN COLLECTION

(27) SPECIMEN TYPE: INITIAL ◯ REPEAT ◯

(28) COLLECTING FACILITY

(29) COLLECT DATE MMDDYY COLLECT TIME HHMM USE 24 HR TIME ONLY

(30) COLLECTOR'S INITIALS: _____

2012-08 LOT 8040201 / 0901133

Manufactured By:
ID Biological SYSTEMS

Total Form Width (all parts): 4 1/4" (108mm)