Wisconsin Newborn Screening Specimen Collection Form

DATES/TIMES (Military):
Enter as MMDDYY 00:00

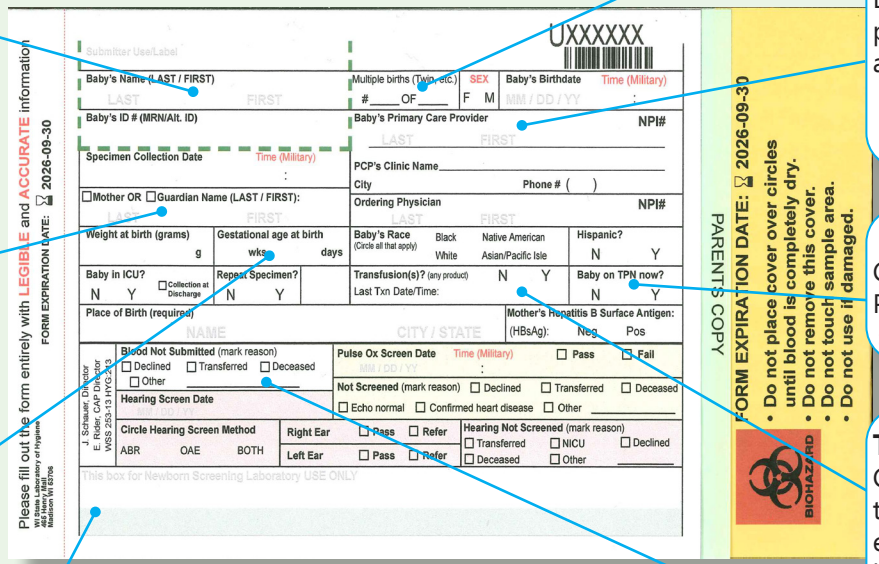
ALL FIELDS ARE **REQUIRED** AND CRITICAL FOR IDENTIFICATION OR RESULT INTERPRETATION

MULTIPLE BIRTH:
For twins, triplets, etc.
(#1 of 2, #2 of 2, etc.)

BABY'S NAME (LAST,FIRST):
Enter name at time of collection

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 #.
This field is critical for follow-up and reporting of results.

MOTHER OR GUARDIAN (LAST,FIRST):
Enter name as **last,first**.
In cases of surrogacy, adoption, etc. enter the name of the baby's guardian.



MOTHER'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 #.
This field is critical for follow-up and reporting of results.

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.

GESTATIONAL AGE: Enter the gestational age ***at time of birth*** in weeks (wks) and days.
Do NOT add current age to gestational age.

TRANSFUSION(S): Circle **N** or **Y**. Collection should be performed prior to transfusion. If baby has been transfused, enter date and time of LAST transfusion. If baby was transfused *in utero*, circle **Y** and record "prior to birth" if date is unknown.

PRINT LEGIBLY AND ACCURATELY

SUBMITTER LABEL/BARCODE:
This label indicates the entity collecting the specimen.

BLOOD NOT SUBMITTED: Submission of a completed card from the place of birth is **required** for every baby regardless if a collection was performed.
Indicate reason for no blood submission:

- Blood screening is DECLINED due to religious beliefs or personal convictions
- Baby is DECEASED (specify date)
- Baby was TRANSFERRED to another facility prior to collection (specify facility)
- OTHER (specify reason)

NEVER transfer card with baby

www.slh.wisc.edu
rev. 12/21

Wisconsin State Laboratory of Hygiene
University of Wisconsin-Madison

For any questions/comments/concerns, please contact WSLH Newborn Screening:
Email: nbsqualityreport@slh.wisc.edu • Phone: 608-262-6547 • Fax: 608-262-5494

*EVERY BABY BORN IN WISCONSIN IS **REQUIRED** TO HAVE A NEWBORN SCREENING CARD COMPLETED.*

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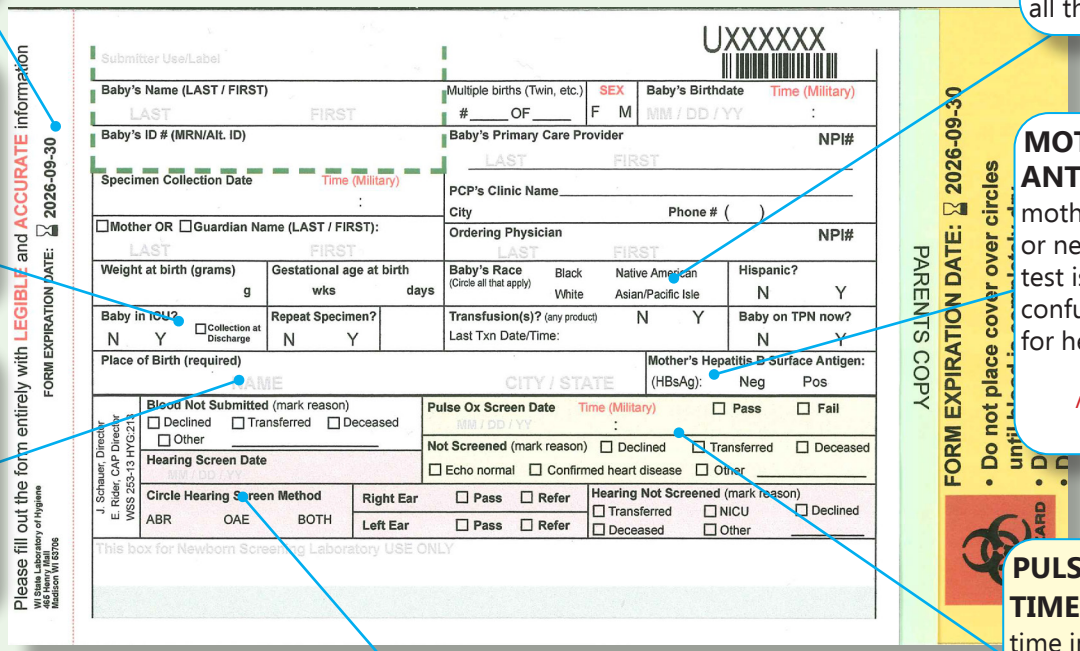
FORM EXPIRATION DATE: Collection must be made prior to this date.

BABY IN ICU?:
Circle No or Yes.
IF yes, please refer to the WSLH NBS website for ICU collection protocol.
Check box IF this is the discharge collection.

PLACE OF BIRTH:
Enter facility name or "Home Birth" along with city and state where the baby was born.
"Home Birth" should be entered for any birth outside of a birth facility.

PRINT LEGIBLY AND ACCURATELY



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 immunization of babies born to HBsAg-positive mothers.

PULSE OX SCREEN DATE / TIME: Enter date as MMDDYY 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.

HEARING SCREEN DATE:
Enter date as MMDDYY
and **METHOD:** Circle method(s) used
and **RESULT:** Circle result Pass OR Refer (only one result per ear)

HEARING NOT SCREENED: If hearing screening was not performed, check reason. If **Other,** please specify.

IMPORTANT:

*Reporting of pulse ox or hearing results should **NEVER** delay the submission of a blood card.*

If hearing and/or pulse oximetry screening results are not provided on the initial blood card, results should be submitted to WETRAC, not WSLH. For WETRAC questions please email the Department of Health at DHSWETRAC@wisconsin.gov

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