

DO NOT FOLD  
USE BALL POINT PEN, PRESS HARD, INSTRUCTIONS ON BACK

Lot 102277 / 314134

NC DEPT. OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
PO BOX 28047, RALEIGH, NC 27611-8047  
NEWBORN SCREENING

DO NOT WRITE HERE



\*040589710\* SN

NEWBORN'S MEDICAL RECORD # \_\_\_\_\_

NEWBORN'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MULTIPLE BIRTHS: (If multiple, A, B, or C, etc.) \_\_\_\_\_

NEWBORN'S BIRTHDATE: MO DAY YEAR BIRTHTIME: 24 HR CLOCK RACE:  1. White  2. Black  3. Am. Ind.  4. Asian  5. Native Hawaiian/ Other Pacific Is.  6. Unknown

SEX:  1. MALE  2. FEMALE  3. AMBIGUOUS

TYPE OF FEEDING:  1. Breast  2. Soy  3. Non-Soy  4. Parenteral

BIRTHWEIGHT IN GRAMS \_\_\_\_\_

COLLECTION DATE: MO DAY YEAR COLLECTION TIME: 24 HR CLOCK HISPANIC OR LATINO ORIGIN:  1. Yes  2. No  3. Unknown

FIRST RBC TRANSFUSION DATE: MO DAY YEAR TRANSFUSION TIME: 24 HR

MOTHER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ VERIFIER'S INITIALS, PRINT LEGIBLY: \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

MOTHER'S MAILING ADDRESS \_\_\_\_\_ AREA CODE \_\_\_\_\_ MOTHER'S PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY OF RESIDENCE / COUNTY CODE \_\_\_\_\_

HOSPITAL / SPECIMEN SUBMITTER \_\_\_\_\_ FED. TAX ID \_\_\_\_\_

PHYSICIAN / PRACTICE NAME \_\_\_\_\_ FED. TAX ID \_\_\_\_\_

COLLECTOR'S INITIALS, PRINT LEGIBLY: \_\_\_\_\_

DHHS 3105 (REVISED 08/00) VER. 4.00. LABORATORY REVIEW 08/01

COLLECTOR'S INITIALS, PRINT LEGIBLY: \_\_\_\_\_

HEARING SCREENING

RIGHT EAR SCREENER ID \_\_\_\_\_

MO DAY YEAR

Type of Screen:

1. AABR  2. DPOAE  
 3. TEOAE

NOT SCREENED DUE TO:

1. PASS  2. REFER  
 3. Declined  4. Deceased  
 5. Transferred  6. BAER Performed  
 7. Other: \_\_\_\_\_

LEFT EAR SCREENER ID \_\_\_\_\_

MO DAY YEAR

Type of Screen:

1. AABR  2. DPOAE  
 3. TEOAE

NOT SCREENED DUE TO:

1. PASS  2. REFER  
 3. Declined  4. Deceased  
 5. Transferred  6. BAER Performed  
 7. Other: \_\_\_\_\_

INS \*U12655UH\*



Ahlstrom PerkinElmer 226 Lot 102277 / 314134 06-30-17



INSTRUCTIONS:

before discharge  
4 hours of age,  
age must be  
when a blood  
when infusing

INSTRUCTIONS:

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24 hours of age.  
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specimen be  
hearing screening.  
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