PENNSYLVANIA DEPT. OF HEALTH IVD EXPIRES 2020-06-30

Pennsylvania Department of Health TOP COPY FOR LAB; SUBMITTER MAY KEEP YELLOW COPY

Newborn Screening Specimen

Phone: (717) 783-8143 • TTY: (717) 783-6514

☐ Monitor for _____

SN PA 170000003

☐ Initial Specimen ☐ Repeat Specimen → Initial FP#:

Birth Facility Name ("Home" if home birth) | Code

Submitter Name | Code

Address if no CODE given

BABY'S Name (Last) | BABY'S Name (First)

MOTHER'S Name (Last) | MOTHER'S Name (First, MI)

Mother's Date of Birth ___/___/___ | Mother's Phone # ( ) -

Street (PO Box)

City | State | Zip

Emergency Contact | Emergency Contact # ( ) -

Medical Assistance: ☐ Yes ☐ No

Mother's Medical History: ☐ Thyroid Disease ☐ Diabetes ☐ On Steroids ☐ Other: _____

HBsAg: ☐ Pos. ☐ Neg. ☐ Unknown

AFFIX ACCESSION LABEL HERE

☐ Female ☐ Male ☐ Unknown

☐ Single Birth ☐ Multiple Birth → If Multiple: ☐ A ☐ B ☐ C ☐ Other: _____

Birth Date ___/___/___ Time ___:___ ☐ AM ☐ PM

Birth Wt.: _____ ☐ gms. ☐ lbs.oz.

Current Wt.: _____ ☐ gms. ☐ lbs.oz.

Collection Date ___/___/___ Time ___:___ ☐ AM ☐ PM

Drawn By: _____

Weeks Gest.: | Medical Record #:

☐ Transfused Date: ___/___/___ Time ___:___ ☐ AM ☐ PM

☐ NICU ☐ Hyperal ☐ Carnitine ☐ Meconium ileus

Race (check all that apply): Hispanic?: ☐ Yes ☐ No

☐ White ☐ Black ☐ Pac. Isl. ☐ Asian ☐ Am. Ind. ☐ Other

Newborn PCP / Practice Name

Street (PO Box)

City | State | Zip

PCP Phone Number ( ) -

Pulse ox: ☐ passed ☐ failed Date: ___/___/___ Time ___:___ ☐ AM ☐ PM

If not performed √ reason:

☐ refused ☐ prenatal fetal echocardiogram ☐ postnatal echocardiogram performed

☐ birth weight <1500 grams

GIVE TO PARENT / LEGAL GUARDIAN

FOLD BACK DURING DRYING BUT **DO NOT REMOVE** THIS COVER FLAP. IT IS FOR THE **PROTECTION** OF THE SPECIMEN HANDLERS.

PLEASE MAKE SURE THAT THE BLOOD SPOTS ARE COMPLETELY DRY

AND PROTECTIVE FLAP IS IN PLACE BEFORE SUBMITTING SPECIMEN

BIOHAZARD