## Supplemental Kit Sample-September, 2016

EXPIRATION 2019-04	Newborn       PRINT ALL INFORMATION LEGIBLY       Accession Number:         Screening       DO NOT WRITE IN THIS SPACE         SUPPLEMENTAL       DO NOT WRITE IN THIS SPACE         SCREENING FORM       Date / Time Stamp         First Screen       Second Screen       Recall <sup>@nderdeddeddeddeddeddeddeddeddeddeddeddedd</sup>	<ul> <li>HAVE YOU:</li> <li>Discussed NBS rationale and procedure with the parents?</li> <li>Air-dried blood spots in a horizontal position with the flap folded back?</li> </ul>
055001		<ul> <li>Checked to see that the blood spots are completely dry and protective flap is in place before submitting specimen?</li> <li>This flap is for the protection of the specimen and the specimen handlers</li> </ul>
AZ 550	Image: Section of the section of th	BIOHAZARD

## Linked Kit Sample—September, 2016

N 4	Newborn PR	INT ALL INFORMATI		Accession Number:	HAVE YOU:
EXPIRATION	1st DO NOT WRITE IN THIS SPACE				
201 B	SPECIMEN Date / Time Stamp			<ul> <li>Discussed NBS rationale and procedure with the</li> </ul>	
X N	Baby's Name Last:	First		Submitter / Physician Information $AZ251110001$	parents?
	Date of Birth	Time of Birth Birth	Weight Sex	Submitter Name/ID:	<ul> <li>Given linked second kit to mother?</li> </ul>
		a.m. p.m. Time of Collection Curre		Submitter Address:	<ul> <li>Air-dried blood spots in a horizontal position with</li> </ul>
	Date of Collection		Genes F	Physician's Name (Last, First):	the flap folded back?
	Baby's AHOOCS #			Phone: ()	<ul> <li>Checked to see that the blood spots are</li> </ul>
_	Gestational Age			Physician's Address:	completely dry and
		Multiple Birth (circle one) A		City, State, Zip:	protective flap is in place before submitting
8	Race 1 White	Medical Record #	Status Premature Y N	Mother's Information	specimen?
<u> </u>	2 African Amer.	Food Source	Meconium Ieus Y N	Mom's Name Last First	<ul> <li>This flap is for the protection of the specimen and the</li> </ul>
<u> </u>	3 Asian	1 Breast Only	In NICU Special Y N	Mom's Date of Birth: / / Maiden Name:	specimen handlers
2	4 Amer. Indian	2 Milk		Street Address:	
	5 Other	3 Formula (Soy or Milk)	Transfused before collection? Y N	Street Address:	
	Hispanic Y N	4 TPN 0 Not Fed	Date Last Transfused	Phone: ()	
2	Pi	ulse Oximetry FINAL Screen Res	sults	Other Person with Custody: Parent	
No. 1	Press (press don atterny) - Net servered: D Control Press (Press)     Press (press don relation) - Net servered: D Press (Press) - Press - Press (Press)     Press (Press) - Press - Pres			Mom's AHCCCS# Refused	
- 4	10.14	,, 🖬		mon's Aricoco# Testing	
EXPIRATION	Screening 2 <sup>nd</sup>		DO NOT WI	Accession Number: RITE IN THIS SPACE Submitter / Physician Information AZ252110001 Submitter Name/ID:	HAVE YOU: • Discussed NBS rationale and procedure with the parents? • Air-dried blood spots in a horizontal position with
EXPIRATION 2019-04	Screening 2nd SPECIMEN Baby's Name Last: Date of Birth	Date / Til First: Time of Bith Birth p.m. Time of Collection Curre	DO NOT WI	RITE IN THIS SPACE           Submitter / Physician Information         AZ252110001           Submitter Name/ID:         Image: Comparison of the second statement of	<ul> <li>Discussed NBS rationale and procedure with the parents?</li> <li>Air-dried blood spots in</li> </ul>
	Screening 2nd SPECIMEN Baby's Name Last: Date of Birth  Date of Collection	Date / Til First Time of Birth Birth	DO NOT WI me Stamp Weight Sex Gams M Int Weight	RITE IN THIS SPACE           Submitter / Physician Information         AZ252110001           Submitter Name/ID:         Image: Comparison of the second sec	<ul> <li>Discussed NBS rationale and procedure with the parents?</li> <li>Air-dried blood spots in a horizontal position with the flap folded back?</li> <li>Checked to see that the blood spots are</li> </ul>
	Screening 2nd SPE CIMEN Baby's Name Last: Date of Birth / Date of Collection / Baby's AHCCCS #	Date / Til First: Time of Birth 	DO NOT W/ me Stamp Weight Sex Grams M mt Weight F	RITE IN THIS SPACE          Submitter / Physician Information       AZ252110001         Submitter Name/ID:       Image: Comparison of the second s	<ul> <li>Discussed NBS rationale and procedure with the parents?</li> <li>Air-dried blood spots in a horizontal position with the flap folded back?</li> <li>Checked to see that the blood spots are completely dry and protective flap is in</li> </ul>
	Screening 2nd SPE CIMEN Baby's Name Last: Date of Birth  Date of Collection  Baby's AHCCCS # Gestational Age	Date / Til First: Time of Birth Birth p.m Time of Collection Curre a.m. p.m.	DO NOT W me Stamp Weight Sex Grams M M M M Grams F	RITE IN THIS SPACE          Submitter / Physician Information       AZ252110001         Submitter Name/ID:       Image: Comparison of the second s	<ul> <li>Discussed NBS rationale and procedure with the parents?</li> <li>Air-dried blood spots in a horizontal position with the flap folded back?</li> <li>Checked to see that the blood spots are completely dry and</li> </ul>
01	Screening 2nd SPE CIMEN Baby's Name Last: Date of Birth  Date of Collection  Baby's AHCCCS # Gestational Age	Date / Til First: Time of Birth Birth p.m Time of Collection Curre p.m	DO NOT W me Stamp Weight Sex Grams M M M M Grams F B C D	RITE IN THIS SPACE          Submitter / Physician Information       AZ2521100001         Submitter Name/ID:       Image: Comparison of the second	<ul> <li>Discussed NBS rationale and procedure with the parents?</li> <li>Air-dried blood spots in a horizontal position with the flap folded back?</li> <li>Checked to see that the blood spots are completely dry and protective flap is in place before submitting specimen?</li> </ul>
	Screening 2nd SPE CIMEN Baby's Name Last: Date of Birth  Date of Collection  Baby's AHCOCS # Gestational Age Single Birth	Date / Til First: Time of Bith Bith p.m. Time of Collection Curre a.m. p.m.	DO NOT WI me Stamp Weight Sex Grams M Mt Weight F Grams F B C D Status	RITE IN THIS SPACE          Submitter / Physician Information       AZ2521100001         Submitter Name/ID:       Image: Comparison of the second	<ul> <li>Discussed NBS rationale and procedure with the parents?</li> <li>Air-dried blood spots in a horizontal position with the flap folded back?</li> <li>Checked to see that the blood spots are completely dry and protective flap is in place before submitting specimen?</li> <li>This flap is for the protection</li> </ul>
110001	Screening 2nd Seby's Name Last Date of Birth  Date of Collection  Baby's AHCCCS # Gestational Age Single Birth	Date / Til First: Time of Bith Bith p.m. Time of Collection Curre a.m. p.m.	DO NOT WI me Stamp Weight Sex Grams M int Weight Grams F B C D Status Premeture Y N Mecorium Iteus Y N	RITE IN THIS SPACE          Submitter / Physician Information       AZ2521100001         Submitter Name/ID:       Image: Comparison of the second	<ul> <li>Discussed NBS rationale and procedure with the parents?</li> <li>Air-dried blood spots in a horizontal position with the flap folded back?</li> <li>Checked to see that the blood spots are completely dry and protective flap is in place before submitting specimen?</li> <li>This flap is for the protection of the specimen and the specimen handlers</li> </ul>
2110001	Screening 2nd Baby's Name Last Date of Birth //// Date of Collection /// Baby's AHCCCS # Gestational Age Single Birth Race 1 White 2 Atrican Amer. 3 Asian	Date / Til	DO NOT WI me Stamp Weight Sex Grams M int Weight Sex Grams M B C D Status Premature Y N Meconium Isus Y N In NC/LEgectal Y N	RITE IN THIS SPACE          Submitter / Physician Information       AZ2521100001         Submitter Name/ID:       Image: Comparison of the second	<ul> <li>Discussed NBS rationale and procedure with the parents?</li> <li>Air-dried blood spots in a horizontal position with the flap folded back?</li> <li>Checked to see that the blood spots are completely dry and protective flap is in place before submitting specimen?</li> <li>This flap is for the protection of the specimen and the specimen handlers</li> </ul>
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52110001	Screening 2nd Sby's Name Last Date of Birth  Date of Collection  Baby's AHCCCS # Gestational Age  Single Birth Race 1 White 2 Atrican Amer. 3 Asian 4 Amer. Indian 5 Other	Date / Tii First: Time of Bith a.m. Birth p.m. Time of Collection Curre a.m. p.m. Multiple Birth (circle one) A Medical Record # Food Source 1 Breast Only 2 Milk 3 Formula (Soy or Milk)	DO NOT WI me Stamp Weight Sex Grams M M Mt Weight Grams F B C D Status Premature Y N Meconium Peedar Anning Y N Known anomaly Y N Stransbacherof Y N beta tast	RITE IN THIS SPACE  Submitter / Physician Information AZ2521100001  Submitter Name/ID:  Submitter Address: Physician's Name (Last, First): Phone: () Physician's Address: City, State, Zip:  Mother's Information Mom's Name LastFirst Maiden Name: Street Address: City, State, Zip:	<ul> <li>Discussed NBS rationale and procedure with the parents?</li> <li>Air-dried blood spots in a horizontal position with the flap folded back?</li> <li>Checked to see that the blood spots are completely dry and protective flap is in place before submitting specimen?</li> <li>This flap is for the protection of the specimen and the specimen handlers</li> </ul>
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