

To ensure timely reporting, please **PRINT** and **COMPLETE** the entire form SN

**T754469**  


Baby's Name LAST FIRST		SEX: F M	Baby's Birthdate MM / DD / YY	Time (Military)	
Baby's ID # (optional) LAST FIRST		Baby's Physician LAST		Time (Military)	
Specimen Collection Date MM / DD / YY		Physician's NPI (10 digits) ( )		Physician's Phone # ( )	
Mother's Name LAST FIRST		Baby's Race Black Asian/Pacific Isle Native American White	Hispanic N Y		
Repeat Specimen? Y N	Reason for repeat: 17-OHP TSH	FAO Unsat Specimen	OA Routine Other	TPN	SCID
Birthweight (grams): <b>g</b>		Gestational age: <b>wks</b>		Transfusion(s) N Y	
Hospital / City of birth: Name of hospital City		Send Report to:		Child on TPN now? N Y	
Mothers Hep B Surface Antigen Neg Pos		Hearing Screening Date <small>If different from specimen collection date</small>		Right Ear <input type="checkbox"/> Pass <input type="checkbox"/> Refer	
Circle Hearing Screen Method: ABR OAE BOTH		Mark Hearing Risk Factors (see tan sheet)		Left Ear <input type="checkbox"/> Pass <input type="checkbox"/> Refer	
Hearing Not Screened (circle reason) NICU Deceased Refused Transferred Other		Pulse Ox Screen Date Time(Military)		ECMO <input type="checkbox"/> CFA <input type="checkbox"/> MED <input type="checkbox"/> Fam Hx	
C.D. Brokopp, Director D. Kurtycz, Med Director WSS 253.13 HYG:213		MM / DD / YY		Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Screened <input type="checkbox"/>	

WI State Laboratory of Hygiene  
 465 Henry Mall  
 Madison WI 53706

This box for Newborn Screening Laboratory use only

**PARENTS COPY**

COMPLETELY FILL ONE CIRCLE AT A TIME



FILL ALL FIVE CIRCLES

APPLY TO ONE SIDE ONLY