Newborn Screening Form Directions

1. **Mother’s Information**
   - Write mother’s legal first and last name (Do not include middle names)
   - Check box if the mother received steroids within the last 7 days
   - Indicate the date when steroids were last administered to the mother

2. **Birth Facility**
   - Write the name for the hospital or birth center where the infant was born

3. **Child’s Information**
   - Write the date AND time the child was born
   - Write the date AND time the specimen was collected
     - Use 24-hour based time OR check appropriate AM/PM boxes
   - Tests are specific to the child’s exact age (in hours) when the specimen was collected
   - Write the child’s legal name and Medical Record # (if known)
   - Write the sex and birth order of the child (if part of a multiple birth, such as a twin)
     - This ensures the correct child is being identified
   - Write the weight of the child at birth in grams OR pounds/ounces
     - Do not use commas or other punctuation
   - For Race/Ethnicity, check all boxes that apply (if known)

4. **Child’s Special Considerations**
   - Check NICU box if child is or will be in the Intensive Care Unit
     - Do not check if child is no longer in the ICU
   - Check HA/TPN box if the child received total parenteral nutrition (TPN), or IV supplementation including amino acids in the last 24 hours
   - Check STEROIDS box if the child received steroids in the last 7 days
   - Check ANTIBIOTICS box if the child received antibiotics in the last 24 hours
   - Check TRANSFUSED box if the child received red blood cell transfusion
     - Indicate the date the child was last transfused with red blood cells