Please use your supply of existing older cards prior to use of the new cards.

As a reminder, please:

- Complete Birth Facility field
- Identify the Follow-Up Care ID# for the baby's outpatient clinic or facility (midwives use "M#")
- If applicable, use check boxes to indicate same ID number(s)
- Newest cards are in royal purple ink

If parents refuse newborn screening for religious reasons:

- Have parents read the Refusal of Testing statement on the back of the screening card
- Complete all demographic information on the front of the card AND check the box indicating "Refused"
- Parents must sign and date to indicate refusal of testing
- Mail refusal cards to the State Laboratory right away, just like a blood specimen

Please:

- Do not place stickers/tracking labels over any demographic information or the "DO NOT USE THIS AREA" section
- Do not separate the filter paper from the demographic information. The barcode number for the filter paper, demographic information section, and hearing card (if present) must match for each child
- Keep record of the unique barcode number in the child’s chart and/or on a tracking log of screening specimens submitted

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For people with disabilities, this document is available upon request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TYY call 711).

Washington State Newborn Screening Program | Phone 206-418-5410 | Fax 206-363-1610 | www.doh.wa.gov/nbs
# Newborn Screening Collection Cards Instructions

**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

**Miscellaneous Information**
- Indicate anything relevant, such as: adoption, foster care, surrogacy, CPS, family history of NBS disorders, moving/transferring out of state

**Birth Facility**
- Write the ID# for the hospital or birth center where the infant was born
- The card’s yellow flap has a list of all birth facility ID#s for your use
- If home birth, write the individual midwife ID# (“M#”)

**Submitter ID**
- Write the ID# for the facility where the specimen was collected
- If home collection, write the individual midwife ID# (“M#”)
- Or check the box if same as birth facility
- Test results will be mailed to the submitter

**Follow-Up Care**
- Write the ID# of the facility where the child will receive outpatient care*
- If child will remain in-house, write the hospital’s ID#
- Or check the box if same as submitter
- This facility will be contacted when abnormal results require follow-up
*No longer use individual provider ID#s

**Refused**
- Check box if parents refuse testing AND obtain signature on back of card

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**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
  - 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)

**Child’s Special Considerations**
- Check NICU box if child is or will be in the Intensive Care Unit or Special Care Nursery
- Check HA/TPN box if the child received hyperalimentation/total parenteral nutrition, 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

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**Child’s Information**

<table>
<thead>
<tr>
<th>Child’s Information</th>
<th>Mo</th>
<th>Day</th>
<th>Year</th>
<th>Hour</th>
<th>Min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collection:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med Rec #:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td>M</td>
<td>F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Order:</td>
<td>single □</td>
<td>if multiple A □</td>
<td>B □</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Birthweight:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR:</td>
<td></td>
<td>lbs.</td>
<td>oz.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race/Ethnicity:</td>
<td>White □</td>
<td>Black □</td>
<td>Asian □</td>
<td>NaAm □</td>
<td>Other □</td>
</tr>
</tbody>
</table>

**Child’s Special Considerations**

<table>
<thead>
<tr>
<th>NICU □</th>
<th>HA/TPN □</th>
<th>Steroids □</th>
<th>Antibiotics □</th>
<th>Transfused (RBC) □</th>
<th>Date last</th>
</tr>
</thead>
<tbody>
<tr>
<td>(within 24 h)</td>
<td>(within 7 days)</td>
<td></td>
<td>(within 24 h)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Complete list of ID numbers available online:**
www.doh.wa.gov/NBS/IDNumberDirectories

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