

WASHINGTON STATE NEWBORN SCREENING

DO NOT USE THIS AREA

SEE DIRECTIONS ON BACK. PLEASE PRINT.

MOTHER'S INFORMATION		CHILD'S INFORMATION	
LAST NAME		Birth: Mo / Day / Yr Hr : Mn am pm	
FIRST NAME		Collection: / / : : am pm	
Maternal Steroids <input type="checkbox"/> (within 7 days)	Date last _____	Name: First _____ Last _____	
MISCELLANEOUS INFORMATION		Med Rec #: _____	
		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
BIRTH FACILITY		Birth Order: single <input type="checkbox"/> if multiple A <input type="checkbox"/> B <input type="checkbox"/> _____	
Facility ID (born at): _____		Birthweight: _____ grams	
Name of Facility: _____ <small>(For home-birth, use birth attendant ID)</small>		OR _____ lbs. _____ oz.	
SUBMITTER ID		CHILD'S SPECIAL CONSIDERATIONS	
Collected at (facility): _____	Follow-Up Clinic ID: _____	NICU <input type="checkbox"/> HA/TPN <input type="checkbox"/> Steroids <input type="checkbox"/> Antibiotics <input type="checkbox"/> <small>(within 24 hours) (within 7 days) (within 24 hours)</small>	
<input type="checkbox"/> Same as Birth Facility	<input type="checkbox"/> Same as Submitter	Transfused (RBC) <input type="checkbox"/> Date last _____	
<input type="checkbox"/> REFUSED: Check box if refused and sign form on reverse (required)		SN 34800001	

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SATURATE EACH CIRCLE COMPLETELY BEFORE MOVING TO THE NEXT

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

**If caregivers are unavailable, this information may be found in the H&P or an ICU Progress Note.*