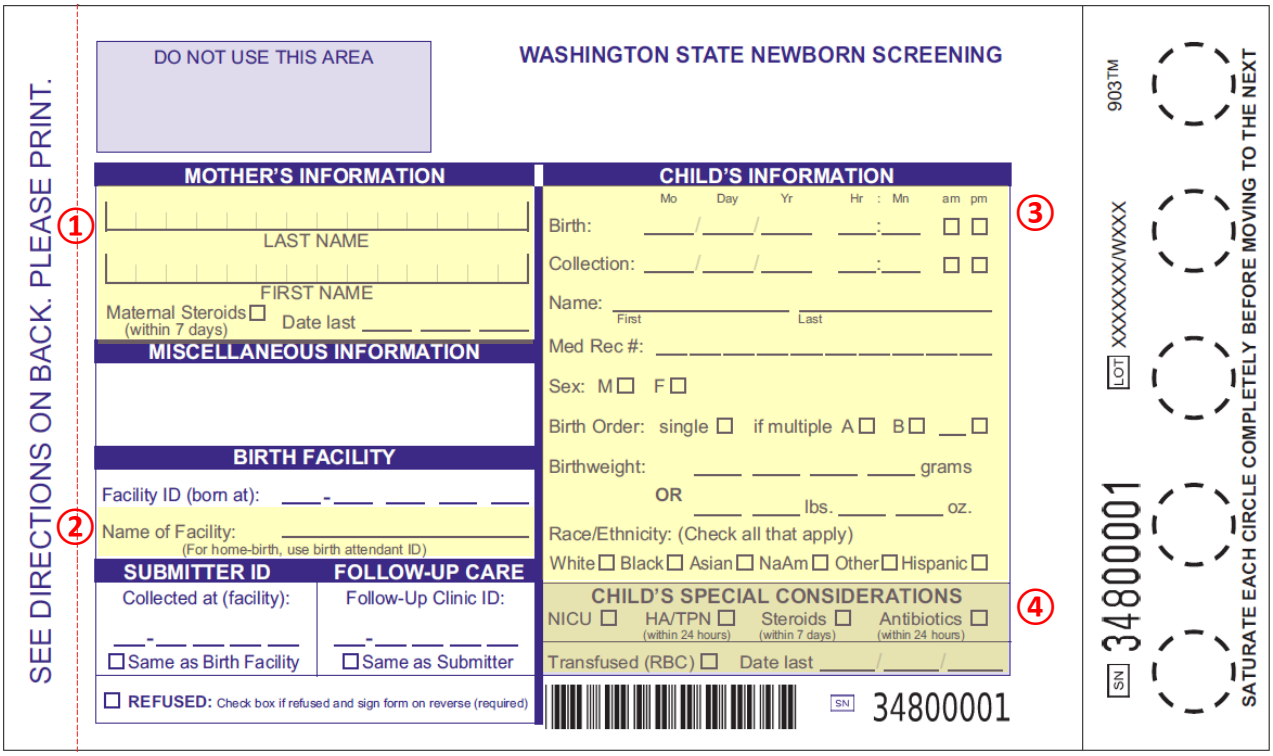

Newborn Screening Form Directions

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

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