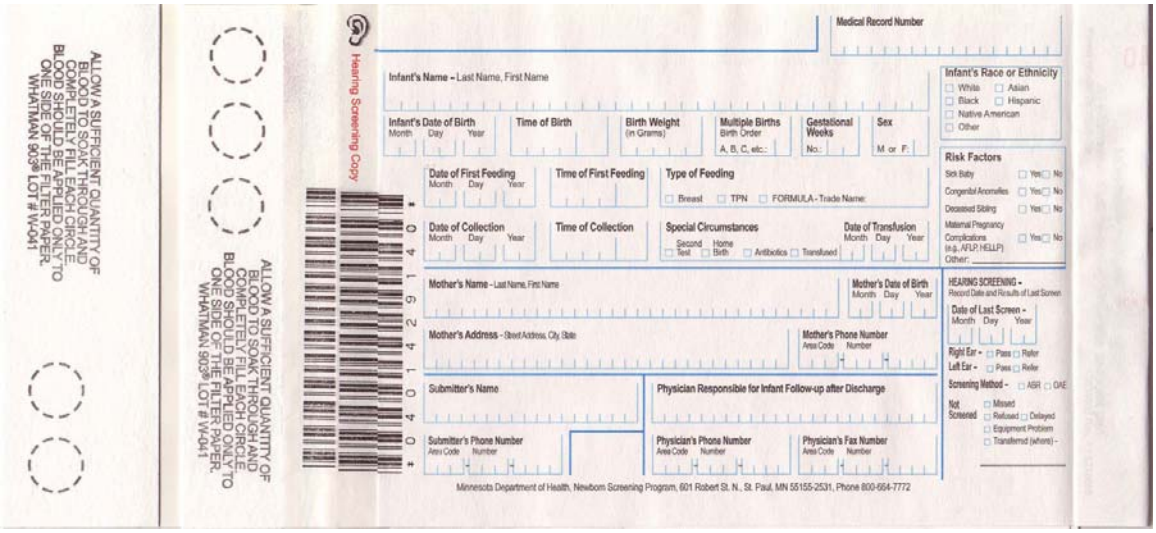
INSTRUCTIONS FOR PROPERLY COMPLETING NEWBORN SCREENING CARDS

It is extremely important to fill out the screening card completely and accurately. The specimen submitter is legally responsible for the accuracy and completeness of the information on the newborn screening card.



Infant Information:

Medical Record Number:
Record the birth hospital's identification or medical record number for the infant.

Infant's Name:
Record the newborn's last name followed by first name. Providing the correct last name for an infant can save valuable time if the baby has an abnormal result. While parents may not have decided on the baby's first name at the time of newborn screening, they have usually determined the baby's last name. Be sure to write down the correct last name, bearing in mind that it may not be the same as the mother's.

Infant's Date of Birth:
Use a six-digit number (mm/dd/yy) for date of newborn's birth. For example, a baby born on January 2, 2008 would be recorded as 01 02 08.

Time of Birth:
It is very important to correctly enter the infant's time of birth because some of the newborn screening test cut-offs are based on how old the infant is at the time of specimen collection. Please use military time.

Sex:
Write an M to designate newborn's gender as male or F to designate newborn's gender as female.

Birth Weight (in grams):
It is important to accurately enter the infant's birth weight as some tests have cut-offs based on the infant's weight at time of specimen collection. Additionally, if the infant is <1800g, a separate newborn screening protocol is used. Please always write the birth weight in grams.

Multiple Births
Completely shade in the box indicating whether the baby is a multiple. If yes, indicate birth order by filling in the squares labeled 1, 2, or 3.

Gestational Weeks
Record newborn's week of gestation at time of birth. It is important that this information is accurate as gestational age does correlate with some analyte levels and can be used to better interpret some results.

Date of Collection:
Use a six-digit number (mm/dd/yy) representing the date on which the specimen was obtained.

Time of Collection:
Accurately record time of specimen collection. Time of collection is used to ensure that baby was at an appropriate age at the time of specimen collection. Please use the same time method as Time of Birth. Again, military time should be used.

Clinical Information
Completely shade in box to indicate if there are special circumstances that the lab should be aware of when analyzing the specimen. Completely fill in "Jaundice" if the baby has significant jaundice requiring treatment. If the baby received antibiotics, fill in the box marked "Antibiotics." Check the box labeled "Transfused" if the baby was transfused with red blood cells **prior** to specimen collection. If baby was transfused, give **Date of Transfusion:** (mm/dd/yy).

Collected By:
Record initials of person collecting the specimen.

Date of First Feeding:
Use a six-digit number (mm/dd/yy) representing the date that the baby was first fed.

Time of First Feeding:
Use military time to indicate the time of baby's first feeding.

Type of Feeding:
Completely fill in box to indicate the type of feeding an infant is receiving. If the infant is on formula, indicate whether the formula is milk or soy-based.

Risk Factors:
NICU Patient: Indicate whether the baby is in the NICU or Special Care Nursery.

Birth Defects: Check this box if the baby was born with birth defects such as cleft lip/palate, Down syndrome, or heart defects.

Maternal Pregnancy Complications: Indicate whether pregnancy complications were present. Examples include AFLP, HELLP, preeclampsia, etc.

Deceased Sibling: Check this box if the baby has a sibling who is deceased. Please indicate cause of death on line below.

Family History of disorder on MN screening panel: If the infant has a family history of any of the disorders on the newborn screening panel, check the "Yes" box. Write the name of the condition on the "Other" line.

<u>Mother Information:</u>

Mother's Name:
Record last name followed by first name. It is important that this information is accurate so that we can easily identify the infant in the event there is a positive newborn screen.

Mother's Date of Birth:
Use a six-digit number (mm/dd/yy) for mother's date of birth.

Mother's Address:
Record mother's current street address, followed by city, state, and zip code. Information about the mother is needed for follow-up of positive results and to aid in locating infants in need of retesting.

Mother's Phone:
Record the phone number mom can be most easily reached at in the future. Record mother's area code and telephone number.

Alternative Contact for Family:
Record a name and phone number for an alternative contact person for the family. This person can be a friend or relative. In the event that the baby is being adopted, it should be the name and number of the adoptive parents. In the event that the baby will be in

protective services, it should be the name of the baby's case worker. The purpose of this information is to provide another way to find the infant with a positive result who needs further testing.

Hospital/Submitter Information:

Submitter's Name:
Record the name of the birth hospital or midwife.

Submitter's Phone Number:
Record hospital or midwife's area code and phone number.

Submitter's Number:
All hospitals and midwives have been assigned a hospital code number that should be recorded in the box provided.

Physician Information:

Physician Responsible for Infant Follow-Up:
Correctly filling out this field is critical. MDH needs the name of the primary provider in order to make sure follow-up of abnormal results is done. If the specific doctor is not known at the time of birth, be sure to write down the name of the clinic where the parents plan to take the baby for his or her first well baby check-up. Do not write the name of the doctor who is rounding on the baby in the hospital.

Physician's Phone Number:
Provide physician's area code followed by telephone number. This information is used to contact the physician or health care provider with positive test results and follow-up information.

Mandatory Hearing Screening:

Date Screen Performed:
Indicate the date (mm/dd/yy) that the last hearing screen was performed before hospital discharge.

Right Ear/Left Ear:
Completely fill in the box to indicate whether the infant passed the hearing screen or received a refer result. Complete for both the right and left ear.

Screening Method:
Check the box to indicate the technology used: Automated Brainstem Response (ABR) or Otoacoustic Emissions (OAE). If the infant had more than one hearing screen, please indicate which technology was used for each screen.