minnesota newborn screening program MINNESOTA

601 Robert Street N. St. Paul, MN 55164 651-201-5466 651-215-8980 TTD 1-800-664-7772 health.newbornscreening@state.mn.us

Newborn Specimen Card Tips

MDH uses this space to stamp our own identification code. Please do not write. tape, or affix a label here.

to delayed diagnosis and follow-up.

An accurate time of birth is necessary to make sure the specimen is over 24 hours, and for interpreting some test results. Multiple Birth Please use military time. Collected By | Date of First Feeding An accurate time of blood spot collection Date of Collection Transfusion is necessary to make sure the specimen is over 24 hours, and for interpreting some Please completely fill out the "Risk Factors" Mother's Name - Last Name, First Name test results. Please use military time. section. List all birth defects, especially gastroschisis, Down Syndrome, and any Mother's Address - Street Address, City, State abnormalities of the ear, because they are important for interpreting results. Submitter's Name, City Screening Method: Please ask the parents what clinic or physician Please fill out the submitter's name, will be following up on baby after discharge. phone number, and MDH submitter #. It is essential that MDH has accurate physician Without a submitter #, MDH does information in case of positive results. not know to whom to send results. Incomplete or inaccurate information can lead

> Filling out the card accurately takes some time, but it allows MDH to provide the most accurate and timely screening results for every baby. Thanks for the extra care you take in providing the correct information.