



# MICHIGAN NEWBORN SCREENING

## COMPLETING THE NEWBORN SCREENING CARD

This latest printing of the newborn screening cards has a pink 'instruction' booklet in each package, these instructions are NOT to be used. Use instructions on back of the card.

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. The card will be scanned into the database so legibility is critical. **Press firmly using a black pen**, and record the following information in the spaces provided.

### INFANT INFORMATION:

- ✓ **INFANT'S NAME:** Record last name followed by first name. If no first name is available at the time of specimen collection, the last name followed by "boy" or "girl" should be used. For single mothers, use the last name of mother or last name specified by mother. **DO NOT LEAVE BLANK.**
- ✓ **GENDER:** Completely shade in the appropriate oval to designate newborn's gender as male or female.
- ✓ **BIRTH DATE:** Use a six-digit number (mm/dd/yy) for date of birth. For example, a birth January 4, 2007 would be recorded as 010407.
- ✓ **BIRTH TIME:** Record time of birth in military time. For example, a birth at 4:30 pm would be recorded as 1630. Note: This information is only required on the "blue" first newborn screening card. For help with conversions visit [www.michigan.gov/newbornscreening](http://www.michigan.gov/newbornscreening) click on "[military time chart](#)"
- ✓ **BIRTH WEIGHT, GRAMS:** Record the birth weight in **grams** in the boxes provided. **Do not use pounds and ounces.** Note: This information is only required on the "blue" first newborn screening card. For help with conversions visit [www.michigan.gov/newbornscreening](http://www.michigan.gov/newbornscreening) click on "[weight conversion chart](#)"
- ✓ **CURRENT WEIGHT, GRAMS:** Record the current weight in **grams** in the boxes provided. **Do not use pounds and ounces.** Note: This information is only required on the "pink" repeat newborn screening card. For help with conversions visit [www.michigan.gov/newbornscreening](http://www.michigan.gov/newbornscreening) click on "[weight conversion chart](#)"
- ✓ **GESTATIONAL WEEKS:** Record weeks of gestation at time of birth. Note: This information is only required on the "blue" first newborn screening card.
- ✓ **SINGLE BIRTH:** Completely shade in oval for single birth.
- ✓ **MULTIPLE BIRTH ORDER:** Completely shade in oval to record birth order by "A", "B", "C" etc. for twins, triplets, etc.
- ✓ **ANTIBIOTICS:** Refers to antibiotics given to the baby or intrapartum antibiotics
- ✓ **SPECIMEN DATE:** Use a six-digit number (mm/dd/yy) representing the date on which the specimen was obtained.
- ✓ **COLLECTION TIME:** Record time of specimen collection in military time. For help with conversions visit [www.michigan.gov/newbornscreening](http://www.michigan.gov/newbornscreening) click on "[military time chart](#)"
- ✓ **COLLECTED BY:** Record initials of person collecting the specimen.
- ✓ **NICU/SPECIAL CARE:** Completely shade in oval "no" or "yes" to indicate if the newborn was in an NICU or special care nursery when the specimen was collected.

- ✓ **RBC TRANSFUSION:** Completely shade in oval “no” or “yes” to indicate whether the newborn was ever transfused with red blood cells **prior** to specimen collection. If yes, give date (mm/dd/yy).
- ✓ **MEDICAL RECORD #-NEWBORN:** Record the birth hospital's identification or medical record number.
- ✓ **ANY TPN FEEDING:** Completely shade in oval “yes” if the newborn is receiving total parenteral nutrition (TPN).
- ✓ **ANCESTRY:** Completely shade in oval for Hispanic or Non-Hispanic. Ancestry should be filled in first and in addition one of the six boxes for race should be filled in
- ✓ **RACE:** Completely shade in the oval for one of the six racial categories after the designation of Hispanic or Non-Hispanic has been selected. If the newborn has a parent in one racial category and the other parent in a different racial category fill in the mixed race oval. It is very important to fill in either the Hispanic or Non-Hispanic box and in addition fill in one of the six boxes for race.
  - Example 1: One parent who identifies as Hispanic and both parents are Black, the card should be marked Hispanic and Black.
  - Example 2: One parent is Black and the other is White and one parent identifies as Hispanic, the card should be marked Hispanic and Multi-Racial.
  - Example 3: One parent is Black and one parent is White and neither parent identifies as Hispanic, the card should be marked Non-Hispanic and Multi-Racial.

**MOTHER INFORMATION:**

- ✓ **MOTHER'S NAME:** Record last name followed by first name. If the newborn is going to be released at birth to adoptive or foster parents, provide contact information of adoptive or foster mother. Please note, in black ink above mothers name, that contact information is for adoptive or foster mother. Do not place sticky notes on the card or use red ink, neither will be recorded when the card is scanned into the system. If contact information on new parents, foster parents, or the adoption agency is not on the card, we will not be able to contact the family if necessary. We would like to avoid calling the birth mother if she is not longer responsible for the care of the newborn.
- ✓ **MOM/BABY STEROID TREATMENT:** If mother received steroids (betamethasone, dexamethasone, prednisone) two weeks or less before delivery or if baby receives steroids after delivery and prior to the newborn screen fill in the yes oval
- ✓ **MOTHER'S ADDRESS:** Record mother's current street address, followed by city, state and zip code. Information about the mother is needed for to locate newborns in need of clinical evaluation or retesting.
- ✓ **MOTHER'S PHONE:** Record mother's area code and home telephone number.
- ✓ **MOTHER'S SOCIAL SECURITY NUMBER:** Record mother's social security number. This important information is used to match initial results with repeat tests. If the mother has no social security number, enter the word **NONE** in the first four boxes.
- ✓ **MEDICAL RECORD NUMBER-MOTHER'S:** Record the hospital identification or medical record number. Note: This information is only required on the “blue” first newborn screening card sample.
- ✓ **BIRTH DATE:** Record the mother's date of birth (mm/dd/yy).
- ✓ **HEPATITIS B SURFACE ANTIGEN (HBsAg):** Provide date of test (mm/dd/yy) and completely shade in oval appropriate to indicate positive or negative. **If there is no HBsAg test result in the mother's record, the test should be done immediately.** Notify the MDCH Hepatitis B Case Manager at (517) 335 9443, of any positive HBsAg result or email [fineisp@michigan.gov](mailto:fineisp@michigan.gov). This very important information helps assure that infants at risk receive the proper immunizations. Note: This information is only required on the “blue” first newborn screening card.

## PHYSICIAN INFORMATION:

- ✓ **PHYSICIAN'S NAME:** Record last name, followed by first name, of the physician or health care provider to be notified of an unsatisfactory or positive newborn screening test. If the mother does not provide a physician's name, the physician in charge of the newborn nursery should be listed on the NBS card. The physician should arrange for all retesting through the hospital's outpatient laboratory. If the newborn is expected to be in the NICU for at least a week, list a staff neonatologist as the physician, and write the NICU phone and fax numbers on the NBS card. If discharge is expected within a week, write the name and clinic phone number of the provider who will be taking care of the newborn after discharge.
- ✓ **PHYSICIAN'S PHONE:** Provide physician's area code followed by telephone number. It is very important to provide a complete and correct number. This information is used to contact the physician or health care provider with positive test results and follow-up information. If the hospital newborn nursery chooses to follow-up positive results directly, provide the name and telephone number of the staff person designated to contact the family. This option is preferred for newborns without a designated primary care provider.

**PHYSICIANS'S FAX:** Provide physician's area code followed by fax number. The fax number is needed to forward to the physician screening results that require further follow-up.

## SUBMITTER INFORMATION

- ✓ **SUBMITTER NAME:** Record the name of the submitter (this should be the birth hospital or midwife on all initial newborn screens). If abbreviation of the hospital's name is necessary, use some letters from each word in the hospital's name (for example, the abbreviation for St. Joseph Mercy Hospital would be St. Jos. Mrcy.).
- ✓ **HOSPITAL CODE:** All birthing hospitals have been assigned a 3-digit hospital code that must be recorded in the boxes provided. The 3-digit code should be listed **before** the two preprinted zeros. For regular nurseries an "0" should be added to the last box (after the two preprinted zeros). For the NICU, a "1" should be added to the last box. For the special care nursery, a "2" should be added to the last box.
- ✓ **SUBMITTER ADDRESS:** Record the submitter's street address followed by the city, state and zip code.
- ✓ **SUBMITTER PHONE:** Record submitter's area code and phone number.
- ✓ **BIRTH HOSPITAL:** Record name of birth hospital here **only if different from the submitter.**

**For questions please contact the Newborn Screening Follow-up office at (517) 335-9205**