



Completing the Newborn Screening Card

It is extremely important to fill out the *Newborn Screening (NBS) Card* completely and legibly.

Baby:

Name: Last name, first name
Gender: Male or Female
Birth Date: Use (mm/dd/yy) for birth date
Birth Time: Use military time
Birth Weight: Record weight in grams
Weeks Gestation: Record week of gestation at the time of birth
Single Birth: Shade in oval to indicate if a single birth
Multiple Birth/Order: Shade in oval to indicate if multiple births and birth order (A, B, C, D)
Antibiotics: Mom received antibiotics at time of birth or baby is currently receiving antibiotics (No or Yes)
Specimen Date: Use (mm/dd/yy) for date the specimen is collected
Collection Time: Use military time for the time the specimen is collected
Collected By: Initials of person collecting the specimen
NICU/Special Care: Shade in oval if newborn was in NICU or special care nursery when specimen collected or No
RBC Transfusion: Shade in oval if baby was transfused (No or Yes), record date (mm/dd/yy) and indicate the start time of the transfusion in military time
Medical Record #: Record baby's medical record number
TPN Feeding: Shade oval if infant had total parenteral nutrition (TPN) prior to specimen collection (No or Yes)
Ancestry: Shade in oval for "Hispanic" or "Non-Hispanic"
Race: Shade in oval for race, if Arab descent or mark "multiracial" if both parents are Non-White
Type of Collection: Shade in oval for blood collection method (Heel Stick, Capillary, Line Draw or Type of Flush)
Other Feeding: Shade in oval for method of feeding (Breast, Milk-base, Soy or None)

Mother:

Name: Last name, first name
Address/Phone: Mom's current street address, area code and telephone number
City/State/Zip: Mom's city, state and zip code
Medical Record #: Mom's medical record number
Birth Date: Use (mm/dd/yy) to record mom's birth date

Hepatitis B Surface Antigen (HBsAg):

Test Date: Use (mm/dd/yy) for date mom is tested
Result: Shade in oval for positive or negative result; Test **mom STAT**, if no HBsAg test result in chart

Physician:

Name: Last name, first name
Phone/Fax: Area code and physician's office telephone number and fax number

Submitter:

Name: Facility name or first/last name
Hospital Code: Hospital ID code number
Address/Phone: Submitter's current street address, area code and telephone number
City/State/Zip: Submitter's city, state and zip code
Birth Hospital: Name of birth hospital (if different than submitter name)

This form is a condensed version of the original document. To view the entire document, go to http://www.michigan.gov/documents/NewCardInstructions_70647_7.pdf