

## 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  
 Current Weight: Record weight in grams  
 Gestational Weeks: Record week of gestation at the time of birth  
 Single Birth: Shade in oval to indicate this is a single birth  
 Multiple Birth Order: Shade in oval indicating order of birth (A, B, C, etc)  
 Antibiotics: Antibiotics given to the baby or intrapartum  
 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 was collected  
 RBC Transfusion: Shade in oval if baby was transfused and record date (mm/dd/yy)  
 Medical Record #: Record the baby's medical record number  
 TPN Feeding: Shade in oval if infant received total parenteral nutrition (TPN) prior to specimen collection  
 Ancestry: Shade in oval for "Hispanic" or "Non-Hispanic"  
 Race: Shade in oval for race. Mark "Non-White" parent if one parent is White, and mark "multiracial" if both parents are Non-White

### Mother:

Name: Last name, first name  
 Mom/Baby Steroid Treatment: If mom received steroids two weeks or less prior to delivery or if baby receives steroids after delivery and prior to card submission  
 Address: Mom's current street address, city, state and zip code  
 Phone: Area code and home telephone number  
 Social Security #: Record mom's social security number (SS#) but if mom has no SS# enter 9's all the way across the field indicating SS# was not forgotten  
 Medical Record #: Record mom's medical record number  
 Birth Date: Use (mm/dd/yy) for mom's birth date  
**Hepatitis B Surface Antigen (HBsAg):** Use (mm/dd/yy) for date mom is tested, and shade in positive or negative results. If there is no HBsAg test results in chart, test mom STAT.

### Physician:

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

### Submitter:

Name: Last name, first name  
 Hospital Code: Hospital ID code number  
 Address: List current street address, city, state and zip code  
 Phone: Area code and telephone number  
 Birth Hospital: Name of birth hospital

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](http://www.michigan.gov/documents/NewCardInstructions_70647_7.pdf)