

DON'T USE RED INK

BABY		LAST NAME		FIRST NAME		GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE	
BIRTH DATE		BIRTH TIME (Military)		BIRTH WT. (gms)		WKS GESTATION	
SPECIMEN DATE		COLLECTION TIME (Military)		Collected By: (Initials)		NICU or SPECIAL CARE? <input type="radio"/> NO <input type="radio"/> NICU <input type="radio"/> SP CARE	
MEDICAL RECORD #				ANY RBC TRANSFUSION? <input type="radio"/> NO <input type="radio"/> YES		TRANSFUSION DATE	
				ANY TPN FEEDING? <input type="radio"/> NO <input type="radio"/> YES		TRANS. START TIME (Military)	
				<input type="radio"/> HISPANIC <input type="radio"/> NON-HISPANIC		<input type="radio"/> WHITE <input type="radio"/> AMERICAN INDIAN <input type="radio"/> ARAB DESCENT <input type="radio"/> BLACK <input type="radio"/> ASIAN/PACIFIC ISLAND. <input type="radio"/> MULTI-RACIAL	
MOTHER		LAST NAME		FIRST NAME			
ADDRESS				PHONE			
CITY		STATE		ZIP			
MEDICAL RECORD #		BIRTH DATE		HEPATITIS B SURFACE ANTIGEN (HBsAg)		TEST DATE	
				RESULT <input type="radio"/> POSITIVE <input type="radio"/> NEGATIVE			
PHYSICIAN		LAST NAME		FIRST NAME			
PHONE		FAX					
SUBMITTER NAME				HOSPITAL CODE (if applicable)		00	
ADDRESS				PHONE			
CITY		STATE		ZIP			
SUBMITTER		BIRTH HOSPITAL (if different from submitter)		LOT 0120201/ 1001291		EXPIRES: 2013-11	

MDCH USE ONLY

MI Dept. of Comm. Hlth.
 By Authority of Act 568
 P.A. MCLA 333.5431

FIRST SAMPLE



MDCH USE ONLY