BABY

LAST NAME | FIRST NAME | GENDER: MALE / FEMALE

BIRTH DATE M M D D Y Y | BIRTH TIME (Military) H H M M | BIRTH WT. (gms) | WKS GESTATION | SINGLE BIRTH | MULTIPLE BIRTH → | BIRTH ORDER: A / B / C / D | ANTIBIOTICS? NO / YES

SPECIMEN DATE M M D D Y Y | COLLECTION TIME (Military) H H M M | Collected By: | NICU or SPECIAL CARE? NO / NICU / SP CARE | ANY RBC TRANSFUSION? NO / YES → | TRANSFUSION DATE M M D D Y Y | TRANS. START TIME (Military) H H M M

MEDICAL RECORD # | (initials) | ANY TPN FEEDING? NO / YES | HISPANIC / NON-HISPANIC | WHITE / BLACK / AMERICAN INDIAN / ASIAN/PACIFIC ISLAND. / ARAB DESCENT / MULTI-RACIAL

TYPE of COLLECTION: Heel Stick / Capillary Tube / Line Draw (central, other _____) | Type of Flush (heparin, saline, other _____) | OTHER FEEDING: BREAST / MILK-BASE / SOY / NONE

MOTHER

LAST NAME | FIRST NAME

ADDRESS | PHONE

CITY | STATE | ZIP

MEDICAL RECORD # | BIRTH DATE M M D D Y Y | HEPATITIS B SURFACE ANTIGEN (HBsAg) TEST DATE M M D D Y Y | RESULT: POSITIVE / NEGATIVE

PROVIDER

LAST NAME | FIRST NAME

PHONE | FAX

FIRST SAMPLE

SUBMITTER

SUBMITTER NAME | HOSPITAL CODE (if applicable) 0 0

ADDRESS | PHONE

CITY | STATE | ZIP | MDCH USE ONLY

BIRTH HOSPITAL (if different from submitter)

LOT 103649 / 314138 EXPIRES: 2017-07

MDCH USE ONLY

MI Dept. of Comm. Hlth.
By Authority of Act 568
P.A. MCLA 333.5431
PerkinElmer 226

1901001

SN