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) w/in 24hrs of specimen collection (N / Y)
- **Ancestry:** Shade in oval for “Hispanic” or “Non-Hispanic”
- **Race:** Shade in oval for race or mark “multiracial” if both parents are Non-White
- **Type of Collection:** Shade in oval for blood collection method (Heel, or mark both Heel & Capillary if blood drawn from heel and using a capillary tube, or document what other method used)
- **Other Feeding:** Shade in oval for method of feeding (Breast, Formula with type indicated; Milk-base, Soy or both Breast and formula if both methods are used)

### Mother:
- **Name:** Last name, first name
- **Address/City/State/Zip:** Mom’s current street address, city, state and zip code
- **Phone:** Mom’s area code and telephone number
- **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

### Provider:
- **Name:** Last name, first name
- **Phone/Fax:** Area code and physician’s office telephone number and fax number

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