

Michigan Department of Community Health  
 Bureau of Laboratory Services, 300 North Zeeb Road, Lansing, MI 48906  
 BC18-030 Private (01/17)

**BABY**  
 LAST NAME FIRST NAME GENDER  
 BIRTH DATE BIRTH TIME (Military) BIRTH WT. (gms) WINGESTATION BIRTH ORDER ANTIBIOTIC?  
 SPECIMEN DATE COLLECTION TIME (Military) Collected By: NCU or SPECIAL CARE? ANY RBC TRANSFUSION? TRANSFUSION DATE TRANS. START TIME (Military)  
 MEDICAL RECORD # ANY TPN FEEDING? HISPANIC NON-HISPANIC WHITE AMERICAN INDIAN ARAB DESCENT  
 TYPE of COLLECTION: Heel Stick Capillary Tube Line Draw (serum, other) Type of Fluid: (serum, saliva, other) OTHER FEEDING: BREAST MILK-BASE SOY NONE

**MOTHER**  
 LAST NAME FIRST NAME  
 ADDRESS PHONE  
 CITY STATE ZIP BIRTH DATE  
 HEREDITARY SURFACE ANTIGEN (HSA) TEST DATE RESULT POSITIVE NEGATIVE

**PROVIDER**  
 LAST NAME FIRST NAME  
 PHONE FAX  
 SUBMITTER NAME HOSPITAL CODE (if applicable)

**SUBMITTER**  
 ADDRESS PHONE  
 CITY STATE ZIP  
 BIRTH HOSPITAL (if different from submitter)

MDCH USE ONLY  
 1707801  
 MI Dept. of Comm. Health  
 By Authority of Act 568  
 P.A. MCLA 333.5431  
 1707801  
 PerkinElmer 226 102277 / 313104 Anabrom  
 1707801  
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