



Help us reduce the 9 percent error rate on Newborn Screening Cards to take care of infants across Washington

KEY INSTRUCTIONS:

- 1 BARCODE STICKER AREA**
Place any patient stickers here to avoid covering important information.
- 2 MOTHER/LEGAL GUARDIAN**
If we need to contact a parent about a screening result, we contact the person listed here. In the case of an adoption or surrogacy, do not write the birthing parent if they are not the legal guardian. Instead, write the legal guardian's name here, and fill in the new surrogacy/adoption bubble.

SEE DIRECTIONS ON BACK. PLEASE PRINT.

DO NOT USE THIS AREA		WASHINGTON STATE NEWBORN SCREENING	
		Submitter barcode sticker here Please don't cover child's information with sticker	
MOTHER/LEGAL GUARDIAN'S NAME		CHILD'S INFORMATION	
LAST NAME		Mo Day Yr Military Time	
FIRST NAME		Collection: _____	
Mother/Legal Guardian's Birth Date _____		Name: First _____ Last _____	
<input type="radio"/> Maternal Steroids (within 7 days) Date last _____ <input type="radio"/> Surrogacy/Adoption		Med Rec #: _____	
MISCELLANEOUS INFORMATION		Sex: <input type="radio"/> OF <input type="radio"/> OM <input type="radio"/> Ambiguous <input type="radio"/> Gestational Age _____ weeks	
BIRTH FACILITY		Birth Order: <input type="radio"/> single if multiple <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	
Facility ID (born at): _____		Birthweight: _____ grams	
SUBMITTER ID		Race: (Fill in all that apply)	
Collected at (facility): _____		<input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> Hawaiian/Pacific Islander <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Other <input type="radio"/> Unknown <input type="radio"/> White	
FOLLOW-UP CARE		<input type="radio"/> NICU <input type="radio"/> HA/TPN (within 24 hours) <input type="radio"/> Steroids (within 7 days) <input type="radio"/> Antibiotics (within 24 hours) <input type="radio"/> Meconium ileus	
<input type="radio"/> Same as Birth Facility <input type="radio"/> Same as Submitter		<input type="radio"/> Transfused (RBC) _____ Military _____ Date last ____/____/____ Time _____	
<input type="radio"/> REFUSED: Signature required on back		SN XXXXXXXX	

XXXXXXXX Expires YYYY-MM-DD 903™
 XXXXXXXX LOT WXXX
 XXXXXXXX
 SN XXXXXXXX
 SATURATE EACH CIRCLE COMPLETELY BEFORE MOVING TO THE NEXT

The new mother/legal guardian's birth date field helps the Newborn Screening team provide identifiers when calling a hospital to obtain protected health information.

- 3 CHILD'S INFORMATION**
This information critical for blood specimen analytics and for identifying the correct infant.

When filling out gestational age, use the age *at birth*, not corrected.

We encourage you to ask which races apply to both parents and fill in all that apply.

Please note the addition of ambiguous sex and meconium ileus options on the new 2024 card.

REFUSAL

- 4** If parents refuse newborn screening for religious reasons, make sure they read the Refusal of Testing statement on the back of the screening card. Text is available on our website in other languages for reference only.

Complete all the demographic information on the front of the card AND check the box indicating "Refused". Then, have the parents sign and date the back of the card. If parents refuse to sign the refusal, please indicate this in the parent's name line with staff initials and date.

The birthing hospital or attendant is responsible for returning the signed refusal. Mail refusal cards to the State Laboratory right away, just like a blood specimen.

FULL INSTRUCTIONS

MOTHER / LEGAL GUARDIAN

- Write the mother/legal guardian's legal first and last name (not maiden name) and date of birth.
- Fill in the bubble if the birthing mother or birthing person received steroids within the 7 days prior to giving birth. Indicate the last date when they were administered.
- Fill in the bubble if surrogacy or adoption applies.

MISCELLANEOUS INFORMATION

- Include anything relevant, such as foster care, CPS, surrogate's name, family history of NBS disorders, or a move/transfer out of state.

BIRTH FACILITY

- Write the ID# for the hospital or birth center where the infant was born. Reference the card's yellow flap for a list. For a complete list of ID numbers, visit www.doh.wa.gov/NBS-ID. For home births, write the individual midwife's ID# ("M#").

SUBMITTER ID

- **Test results will be mailed to this location.**
- Write the ID# for the facility where the specimen was collected. For home collection, write the individual midwife ID# ("M#").
- Fill in the bubble if the submitter is the same location as the birth facility instead of writing a number.

FOLLOW-UP CARE

- **This facility will be contacted when abnormal results require follow-up.**
- Write the ID# of the facility where the child will receive outpatient care. For a complete list of ID numbers, visit www.doh.wa.gov/NBS-ID.
- Fill in the "Same as Submitter" bubble if the follow up provider is the submitter.

CHILD INFORMATION

- **Results are specific to the child's exact age (in hours) when the specimen was collected.**
- Write the date AND time (military) the child was born.
- Write the date AND time (military) the specimen was collected.
- Write the child's legal name and medical record # (if known).
- Fill in the bubble for the sex (note the new option of "ambiguous") and birth order of the child.
This ensures the correct child is being identified.
- Write the gestational age at birth, not corrected.
This may be used when analyzing abnormal results.
- Write the weight of the child at birth in grams. Do not use pounds/ounces, kilograms, or punctuation.
- Fill all Race/Ethnicity bubbles that apply. We encourage you to ask which races apply to both parents and fill in all bubbles that apply.

CHILD'S SPECIAL CONSIDERATIONS

- Fill the NICU bubble if the child is or will be in the Intensive Care Unit or Special Care Nursery.
- Fill the HA/TPN bubble if the child received hyperalimentation/total parenteral nutrition, or IV supplementation including amino acids in the last 24 hours.
- Fill the STERIODS bubble if the child received steroids in the last 7 days.
- Fill the ANTIBIOTICS bubble if the child received antibiotics in the last 24 hours.
- Fill the MECONIUM ILEUS bubble if the baby has been identified as having meconium ileus.
- Fill the TRANSFUSED bubble if the child received red blood cell transfusion.

ADDITIONAL INSTRUCTIONS:

Please fill out the card as legibly as possible.

Place barcode stickers in the new field on the top right of the card. Do not place any stickers or tracking labels over any demographic information or the "DO NOT USE THIS AREA" section.

Do not separate the filter paper from the demographic information. The barcode number for the filter paper, demographic information section, and hearing card (if present) must match for each child.

Keep record of the unique barcode number in the child's chart and/or on a tracking log of screening specimens submitted.