

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

	Submitter barcode sticker here Please don't cover child's information with sticker
MOTHER/LEGAL GUARDIAN'S NAME	CHILD'S INFORMATION
LAST NAME FIRST NAME Mother/Legal Guardian's Birth Date//	CHILD'S INFORMATION Mo Day Yr Military Time Birth: Collection: Name: First Med Rec #:
Maternal Steroids (within 7 days) Date last Surrogacy/Adoption	Sex: OF OM OAmbiguous Gestational Age
MISCELLANEOUS INFORMATION	Birth Order: Osingle if multiple OA OB O
BIRTH FACILITY	Birthweight: grams Race: (Fill in all that apply) OAsian OBlack OHawaiian/Pacific Islander OHispanic
Facility ID (born at):	Native American Other OUnknown OWhite
SUBMITTER ID FOLLOW-UP CAR Collected at (facility): Follow-Up Clinic ID:	NICU O HA/TPN (within 24 hours) O Steroids (within 7 days) Antibiotics (within 24 hours) O Meconium ileus
Same as Birth Facility Same as Submitter	Transfused (RBC) Date last/ / Time
O Same as Birth Facility O Same as Submitter REFUSED: Signature required on back	Date last/

NEW ON THE 2024 CARDS:

- Designated area to place barcode stickers
- Clarification to list the mother/legal guardian, as this information is used as contact information for abnormal results.
- All times must now be recorded in military time
- Fields for mother/legal guardian's birth date (for identification purposes), surrogacy/adoption, ambiguous sex, and meconium ileus



