



# **New Specimen Collection Form**

# NBS Collection Form Parent Copy

 6342106 / 10035104 07-0000001 07-0000001	Infant's Last Name      Infant's First Name      Infant's Date of Birth	07-0000001 Serial Number	<b>MEDICAID</b>  
	Texas Newborn Screening – IMPORTANT – Parent Take to Doctor		
<p><b>Parent,</b> Take your baby <u>and</u> this form to the baby's doctor when your baby is 1-2 weeks of age. The State of Texas requires that every baby be screened at 1-2 days and again at 1-2 weeks of age. The screen is done on blood taken from a heel stick and tests for a number of rare disorders that can cause mental retardation or death. It is important that you take this form to the baby's doctor so that your infant's first and second screen can be linked. For more information on the Texas Newborn Screen refer to the website listed below.</p>		<p><b>Provider/Submitter Instructions:</b> Complete Infant's Last Name, First Name and Date of Birth.</p> <p><b>For 1<sup>st</sup> screen:</b> Remove this PARENT COPY and give to the parent. Inform the parent that they <b>MUST</b> take this form to their infant's doctor at the baby's 1-2 week check-up.</p> <p><b>For 2<sup>nd</sup> screen:</b> Write the serial number from the 1<sup>st</sup> screen PARENT COPY (brought to you by the parent) in the box labeled "Serial Number" in the Newborn Information area of the demographic form for the specimen being submitted.</p> <p>Retain the PARENT COPY from the 2<sup>nd</sup> screen in the patient chart. If an additional screen is requested, use this serial number on the additional screen form.</p>	
<p><b>Estimados padres:</b> Lleve a su bebé junto con este formulario al médico de su bebé cuando el bebé tenga de 1 a 2 semanas de edad. El estado de Texas requiere que todos los bebés tengan una revisión médica al 1 o 2 días de nacidos y otra vez a la edad de 1 a 2 semanas. Se revisa la sangre tomada con un piquete en el talón y se hacen pruebas para detectar varias enfermedades raras que podrían causar retraso mental o la muerte. Es importante que lleve este formulario al médico de su bebé para que relacionen la primera revisión de su niño con la segunda. Si desea más información sobre la Revisión de recién nacidos de Texas consulte el siguiente "website".</p>		<p>Texas Department of State Health Services – Newborn Screening Program      Expires 12/31/2008          P.O. Box 140341, Austin, Texas 78714 - 0341  <a href="http://www.dshs.state.tx.us/newborn">http://www.dshs.state.tx.us/newborn</a>      (800) - 252-8023</p>	
<b>PARENT COPY</b>			

Allows for 'linking' of multiple specimens  
 New form available in December  
 New form NOT required for new tests.

# NBS Collection Form Demographics Form

Time of Birth  
Time of Collection

**Newborn Screening**

MEDICAID TEXAS DEPARTMENT OF STATE HEALTH SERVICES Laboratory Services Section CLJ445D0660644 FORM NBS 3 Rev 06/06 Expires 12/31/2008 Telephone # (504) 252-3023 ext. 7318 CHARITY

Please read the instructions on the back of this form before starting. USE BLACK INK. PRINT INFORMATION COMPLETELY, ACCURATELY, & LEGIBLY IN BLOCK CAPITAL LETTERS.

Lab No. For Texas DSHS Use Only

**MOTHER INFORMATION**

Mother's Last Name \_\_\_\_\_ Mother's First Name \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Mother's Birth Date \_\_\_\_\_ Medicaid Eligible (1=Yes, 2=No) \_\_\_\_\_ Medicaid No. \_\_\_\_\_  
 Street Address \_\_\_\_\_ APT No. \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Newborn Father's Last Name \_\_\_\_\_

**PRIMARY CARE PHYSICIAN INFORMATION**

Physician Name (Last, First) \_\_\_\_\_ NPI No. \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt No. \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**NEWBORN INFORMATION**

Newborn's Last Name \_\_\_\_\_ First Name/Twin A or B \_\_\_\_\_  
 Medical Record No. \_\_\_\_\_ Multiple Birth Order (1-9) \_\_\_\_\_  
 Birthweight (gram) \_\_\_\_\_ Serial Number \_\_\_\_\_  
 Birth - Date \_\_\_\_\_ Military Time \_\_\_\_\_  
 Collection - Date \_\_\_\_\_ Military Time \_\_\_\_\_

Sex	Ethnicity	Status	Test
1. Male <input type="radio"/>	1. White <input type="radio"/>	0. Normal	1. 1 <sup>st</sup> Test <input type="checkbox"/>
2. Female <input type="radio"/>	2. Ad. Amer. <input type="radio"/>	1. Sick/Vermorel	2. 2 <sup>nd</sup> Test <input type="checkbox"/>
	3. Hispanic <input type="radio"/>	2. On antibiotics	3. Previous Abnormal. Enter Texas DSHS Laboratory No. _____
1. Breast <input type="radio"/>	4. Asian <input type="radio"/>	3. Transfused <input type="checkbox"/>	
2. Bottle <input type="radio"/>	5. Am. Indian <input type="radio"/>	4. Both 1 & 2	
3. TPN <input type="radio"/>	6. Other <input type="radio"/>	5. Both 1 & 3	
4. Breast/Bottle <input type="radio"/>		6. Both 2 & 3	
		7. All 1-3	

**SUBMITTER INFORMATION**

NBS ID No. \_\_\_\_\_ / NPI No. \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ TX Zip Code \_\_\_\_\_ Affix Mailing Label or Print Return Address

6042106 / 10/35/134

07-000001

07-000001X  
DSHS Copy

PCP information:  
For Follow-up on abnormal.

1<sup>st</sup> Screen Serial No.

# NBS Collection Form Filter Paper for Blood Collection

	EXPIRES 07-0123456 AVOID HANDLING XXXXXXXXX COLLECTION AREA
	1 2 3 4 5

# NBS Collection Form Collection Instructions

TEXAS IS A HEALTHY STATE. SCREENING NEWBORNS FOR BIRTH DEFECTS. TODAY IS A first specimen is required for all residents at 24-48 hours of age, or just prior to discharge. A second specimen is also required at 1-2 weeks of age.

Final results may occur with:

- infants having received a transfusion.
- Specimens accompanied by improper or incomplete paperwork.
- infants on T 89.

Completion of form:

1. Legibly and accurately print ALL information in space provided. **USE ONLY BLACK INK. NO BLOOD. NO RED. NO BLUE. NO GREEN. NO PURPLE.** Please hand to good caregiver.
2. Enter complete and accurate information.
3. Complete information on top "PATIENT" COPIES form, scan one and give copy to parent explaining that the form must be taken to the baby's doctor for the baby's 1-2 week check-up.
4. For 2nd specimen, write serial number from baby's 1st specimen "PATIENT COPIES" (Q12) on patient at baby's belly or demographic information sheet in the designated location.
5. Cover in appropriate bubble circle as indicated for sex, race, and ethnicity.
6. Fill in correct number to indicate infant's Status and Trial.
7. If the specimen is a repeat for a prior non-attribution, enter T (see 04145 laboratory number in appropriate space).
8. Other complete submitter's address (all location where results are to be sent), lab(s) for that purpose may be ordered from Texas CHSIS, Laboratory Services Section.
9. Remove and keep the silver/liver yellow copy of the demographic information.

Collection Procedure: Cardboard is not acceptable

1. Place infant's heel in designated point on.
2. Cleanse skin with alcohol, DEX, and puncture with disposable lancet.
3. Wipe off first drop of blood.
4. Allow a drop of blood to form and apply IMMEDIATELY to filter paper. Apply to one side only while viewing from the other side to ensure COMPLETE SATURATION. DO NOT SHAKE THE CARD. (see below).
5. Complete one side at a time and **CALL ALL DIVE (281) 222-2222**.
6. Allow card to dry thoroughly in a horizontal position in 3-4 hours. Do NOT allow specimen to touch any surface.
7. Cover dried specimen with attached slip.
8. Mail ship dried specimen **WITHIN 24 HOURS** in provided envelope to Texas Department of State Health Services Laboratory Services Section  
P.O. Box 148001  
Austin, TX 78714 - 0501

DO NOT use expired form.

DO NOT use devices that contain EDTA or citrate anticoagulant.

DO NOT use capillary tubes.

DO NOT expose card to heat, moisture, or direct sunlight.

DO NOT shake or roll wet specimens.

DO NOT hold specimens for bulk mailing. Send within 24 hours of collection.



Card contains heel area

- Accepted and completely saturated
- Unsatisfactory: Capped, rolled or layered
- Invalidated, multiple applications
- Serum edge present

To order more Newborn Screening Forms, contact

Texas Department of State Health Services  
Laboratory Services Section  
11001 Westsign Street  
Austin, TX 78756  
1-800-800-7111 ext. 1901

# MEDICAID

## Newborn Screening

- This form is for the collection of a newborn screening specimen.
- Collect the specimen and complete the form according to the instructions on the back of this form.
- Do not touch the blood collection area of the form.
- **DO NOT** remove fold over flap. Cover **DRYED** blood spots with the flap before mailing.

