



Newborn Screening News

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EDTA/Citrate Anticoagulant Status Report:



All providers have done an **EXCEPTIONAL** job in responding to the information that specimens collected with EDTA or Citrate are unacceptable for NBS testing. The number of specimens identified as collected with EDTA has **ALMOST**, but not totally, disappeared. It is extremely important that all providers continue be aware that EDTA and Citrate anticoagulants interfere with NBS assays.

Specimen Collection Most Critical Demographic Information

For matching first and second screens:

- C Baby's Last Name
- C Mother's Last Name and First Name
- C Mother's Social Security No.

This information is vital for identification and location of infants for follow-up of abnormal test results; it must be accurate, legible, and complete.

For accurate result reporting:

- C Birthweight-Grams (This should be the baby's weight **at birth**, not the time of specimen collection.)
- C Date of Birth
- C Date of Specimen

Weight Conversion Charts are available free of charge by calling 1-800-422-2956 extension 2129 or by requesting a chart via email: newborn@tdh.state.tx.us

Reasons these fields are Critical:

1. Without a Baby's or Mother's Last Name the specimen is unacceptable
2. With our current computer system the Mother's Social Security No. is often the only piece of information that allows us to link first and second screens or to retrieve a specimen from the system
3. Birthweight, Date of Birth and Date of Collection allow the laboratory the ability to test the specimen with the correct age and birthweight populations, resulting in fewer false positive reports.

Common Mistakes Seen:

1. Date of Birth written in the Date of Specimen spaces
2. Date of Specimen written in the Date of Birth spaces
3. Many spaces left blank
4. Birthweight in pounds or ounces instead of grams

The Newborn Screening Program screens all Texas newborns twice. Therefore, we receive over 700,000 specimens a year; 3000 per day. By completing the demographic information thoroughly on all screens submitted to the department, we can expedite the Laboratory and Case Management processes.

Remember: Finding and treating these five serious birth defects early prevents mental retardation and even early death.

Use of Courier Services

If you choose to use overnight couriers, please address the parcel to:

LABORATORY - TDH
1100 WEST 49TH STREET
AUSTIN TX 78756

Specimen Collection Card Feedback

TDH will soon revise the Specimen Collection Card. Any feedback would be beneficial to this process. Please submit opinions, comments, or advice on things that work well for you and on things that you would like to see changed. Please provide your responses via email or fax:

Email: Lynette.Borgfeld@tdh.state.tx.us
Subject: "NBS Specimen Card Comment"
Fax: Attn: Lynette Borgfeld
(512) 458-7221

Free Literature

If you would like to receive free literature from the Newborn Screening Program for your patients and for professional health care staff for specimen collection procedures and protocols, please call 1-800-422-2956 extension 2129, or order online at www.tdh.state.tx.us/newborn/pubs.htm

Patients


- Brochures
- Posters (16x20)
- 2nd Screen Magnets

Professional

- Practitioner's Guide
- Specimen Collection Posters (11x17)
- Specimen Collection Guide
- Weight Conversion Chart

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www.tdh.state.tx.us/newborn/newborn.htm

TEXAS DEPARTMENT OF HEALTH Bureau of Laboratories FORM NBS 3 REV 10/01 Expires 12/31/2003

PRINT INFORMATION IN BLOCK CAPITAL LETTERS. USE BLACK INK

THIS SPACE FOR TDH LABORATORY USE ONLY

NEWBORN INFORMATION

Baby's Last Name: _____ First Name / Twin A or B: _____ Multiple Birth? 1=No 2=Yes

Mother's Last Name: _____ Mother's First Name: _____ Mother's Age: _____

Mother's Maiden Name: _____ Mother's Social Security No.: _____

Medicaid Eligible? Yes No Mother's Medicaid No.: _____ Father's Last Name: _____

Street Address (P.O. Box): _____ Apt #: _____

City: _____ Zip Code: _____ State: _____

Area: _____ Telephone No.: _____ Medical Record No.: _____

Physician's Name (Last, First): _____ Area: _____ Telephone No.: _____

Physician's UPIN: _____ +020000189

NBS I.D. No.: _____

Name: _____ Address: _____ City: _____ TX _____ ZIP CODE: _____

Lab No.: _____

IF PREVIOUS ABNORMAL, Enter TDH Laboratory No. _____

Birthweight-Grams: _____

SEX: M F

TEST: 1. Male 1. Breast 5. Soy 1. 1st Test (Under 7 days) 2. 1st Test (7 days or over) 3. 2nd Test (7 days or over) *4. Requested Repeat For Previous Abnormal

2. Female 2. Bottle 3. TPN 4. Breast/Bottle

3. Hispanic 4. Asian 5. Am. Indian 6. Other

MC: _____ DAY: _____ YEAR: _____

Date of Birth: _____

Date of Specimen Collection: _____

Indicate Infant's Age at Specimen Collection: _____

24 hrs. _____

one day _____

Days: _____

02-000018

