

HOW TO COMPLETE ALASKA NEWBORN SCREENING CARDS



JULY 2018



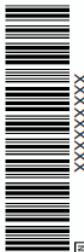
It is extremely important to fill out the screening card accurately and completely. *Inaccurate or missing information may adversely affect screening results and/or the ability to quickly contact the infant's care provider in the event of an abnormal screening result. **Any delay may put the child's health at risk.***

The specimen submitter is legally responsible for the accuracy and completeness of the information on the newborn screening card.

Remember:

- Write firmly in blue or black ink to ensure that all information is transferred between copies.
- Remove the second ply for the facility's records.

**Please contact Alaska NBS with questions at 907-334-2295 or
newborn.screening@alaska.gov.
Hours: Monday - Friday 8:00 a.m. to 4:30 p.m.**

		Alaska Newborn Screening Program Form										 XXXXXX	
LOT 111064 / 30950001 PerkinElmer 228 Ahlstrom Alaska GUARDIAN PCP SUBMITTING FACILITY		<input type="checkbox"/> Initial Screen	<input type="checkbox"/> Repeat Screen	Collection Date Year Month Day	Collection Time (24 hour clock)	Collector	Infant's Medical Record #	Infant's Last Name			Infant's First Name		
		Infant's Birth Date Year Month Day		Infant's Birth Time (24 hour clock)		Infant's Gender <input type="checkbox"/> M <input type="checkbox"/> F		Infant's Race check all that apply: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Unknown / Other				Infant's Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
		Infant's Address				City		State				Zip Code	
		If multiple A.B...etc		Gestational Age at Birth		Feeding Method check all that apply: <input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula <input type="checkbox"/> TPN <input type="checkbox"/> None of the above			Current Weight (g)				
		Transfused Before Collection Any Blood Products Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Date of Last Transfusion Year Month Day		Check if infant is in NICU <input type="checkbox"/>		Check if infant has Meconium Ileus <input type="checkbox"/>					
		Guardian's Last Name		Guardian's First Name				Guardian's Birth Date Year Month Day		Guardian's Gender <input type="checkbox"/> M <input type="checkbox"/> F		Guardian's Phone Number	
		Please Specify		Birth Mother's Last Name									
		Primary Care Provider / Clinic Name						Primary Care Provider / Clinic Phone Number					
		DO NOT WRITE IN THIS SPACE											
		Submitting Facility's Name				PLACE PATIENT LABEL HERE				FOR SHL USE ONLY			
		Submitting Facility's Street Address <small>Apply subscriber label or print subscriber name and address</small>											
		City		State		Zip Code							

DO NOT REMOVE THIS COVER FLAP. IT IS FOR THE PROTECTION OF THE SPECIMEN AND THE SPECIMEN HANDLERS.

PLEASE MAKE SURE THAT THE BLOOD SPOTS ARE COMPLETELY DRY

AND PROTECTIVE FLAP IS IN PLACE BEFORE SUBMITTING SPECIMEN.

1) Do not touch sample area
2) Do not use if damaged



GENERAL INFORMATION

907-334-2295

Infant's Last Name:

- Write the infant's last name.
- It is important to list the infant's last name regardless of whether the guardian(s) has chosen a first name.
- Do not assume that the infant's last name is the same as the mother's last name. Record the last name the infant will go by at discharge.
- Providing an incorrect name could potentially cause a delay in reporting abnormal results and impact the health of the infant.

Infant's First Name:

- Record infant's first name, if known.
- If the guardian(s) have not yet chosen a first name, leave this field blank.
- Providing an incorrect name could potentially cause a delay in reporting abnormal results and impact the health of the infant.

Infant's Birth Date:

- Use an eight-digit format (yyyy/mm/dd) for the infant's date of birth. For example, an infant born on March 9, 2015, would be recorded as 2015 03 09.

Infant's Birth Time:

- Always use 24-hour clock (HH:MM) when entering the time of birth. For example, the time for a baby born at 4:15 p.m. would be recorded as 16:15.
- Validity of test results are specific to the exact age (in hours) of the infant, so an accurate birth time is crucial.

Infant's Gender:

- Mark "M" for male or "F" for female. If unknown or ambiguous genitalia, write "Unknown" in the Infant's Gender box.
- This helps with the identification of the baby.

Infant's Race:

- Mark all that apply. Select Unknown/Other if unclear.
- This helps with the identification of the baby.

Infant's Ethnicity:

- Check if infant is Hispanic/Latino or Non-Hispanic/Latino. Leave blank if unknown.
- This helps with the identification of the baby.

Infant's Address:

- Record the mailing address where the infant will reside.
- Use a street address or PO Box, city, state and zip code.
- In the event of an adoption or other guardianship, record the address where the infant will reside.
- Accurate contact information is crucial for contacting the guardian in the event of an abnormal result or a need for retesting.

Infant's Last Name			Infant's First Name		
Infant's Birth Date Year	Month	Day	Infant's Birth Time (24 hour clock)	Infant's Gender <input type="checkbox"/> M <input type="checkbox"/> F	Infant's Race check all that apply: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Unknown / Other
Infant's Address			City	Infant's Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

If Multiple A, B...etc.:

- If the infant is one of a set of multiple births (twins, triplets, etc.) record the birth order of the infant. For example, if the infant was the first born in a set of triplets, write "A", in the box. For the third born infant, write "C" in the box.
- If single birth, leave blank, put a line through the field or cross it out.

Gestational Age at Birth:

- Record the infant's week of gestation at time of birth. Record in completed weeks only, no rounding up.
- Accurate gestational age is critical for analyzing the results of newborn screening tests.
- If unknown, write "Unknown."

Feeding Method:

- Check all types of feeding that apply within the last 24 hours. For example, if the infant has received both Total Parenteral Nutrition (TPN) and breast milk in the last 24 hours, check both boxes.
- Breast milk includes milk sourced from biological mother or donor milk.
- TPN includes, but is not limited to, Neonatal Venous Nutrition (NVN), Peripheral Parenteral Nutrition (PVN), Hyperalimentation (Hyperal), Starter TPN, any supplementation that includes amino acids, and/or any additional TPN products not mentioned.
- If infant is receiving fluids only and/or no other feeding method listed, check "None of the above."
- Formulas include all special formulas and additives (e.g. Human Milk Fortifier, Beneprotein, etc.).

Current Weight (g):

- Record the infant's weight in grams at time of specimen collection.
- Do not leave blank. It is important to correctly record the infant's weight for accurate test results.

Transfusion (Any Blood Products):

- This field **MUST** be marked "Yes" or "No" because transfusion status affects results. Missing information could lead to delays. If the infant was given any blood product BEFORE newborn screen collection, check "Yes." If the infant was NOT transfused or transfused after collection check "No."
- Write the date of the most recent transfusion. If infant has received multiple transfusions, you only need to record the most recent date of transfusion.
- Transfusion includes ALL blood products including, but not limited to, red blood cells, plasma, immunoglobulins and platelets.
- If baby received a transfusion before delivery (intrauterine), mark "Yes" and record the date of the most recent transfusion.

Check if infant is in NICU:

- Check the box if the patient is in Neonatal Intensive Care/ Pediatric Intensive Care Unit (NICU/PICU) or another high-acuity level care unit at time of collection.
- If infant is not in NICU/PICU, leave blank.

Check if infant has Meconium Ileus:

- Meconium ileus is known to interfere with the screening for cystic fibrosis. If meconium ileus is suspected, the screening algorithm for cystic fibrosis will change.
- Check the box ONLY IF the infant has or is suspected of having meconium ileus.
- If no meconium ileus is suspected, leave blank.

State	Zip Code	If multiple A,B...etc.	Gestational Age at Birth	Feeding Method check all that apply: <input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula <input type="checkbox"/> TPN <input type="checkbox"/> None of the above	Current Weight (g)
Transfused Before Collection Any Blood Products <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date of Last Transfusion Year Month Day		<input type="checkbox"/> Check if infant is in NICU	<input type="checkbox"/> Check if infant has Meconium Ileus	

Guardian Box:

- Mother is in reference to biological mother. If biological mother is legal guardian, check "Mother."
- If legal guardian is any other relation other than biological mother, mark "Other."
- If the infant is in the custody of the biological mother, provide the mother's information as the guardian. If the mother is not a legal guardian, provide legal guardian information.
- If other, record relation under "Please Specify." Examples of "other" include adoptive parent, OCS, adoption agency, grandparent, etc.

Guardian Last Name and First Name:

- Record the guardian's last name followed by first name.
- In the event of an adoption, record the name of the legal guardian (adoptive parent, adoption agency, social worker, etc.).
- If infant was born via surrogacy, provide the name of the legal guardian who will take care of infant post-delivery.
- Accurate identifying information is crucial for contacting the guardian in the event of an abnormal result or a need for retesting.
- In the event that the infant will be held in protective services, record the name of the infant's social worker or legal guardian.

Guardian's Birth Date:

- Use an eight-digit format (yyyy/mm/dd) for the guardian's date of birth. For example, a guardian born on March 9, 2015, would be recorded as 2015 03 09.
- In the event of an adoption, write the date of birth of the adoptive parent.

Guardian's Gender:

- Check "M" for Male or "F" for Female.

Guardian's Phone Number:

- Record the guardian's phone number (including area code) at which he/she most easily can be reached in case of emergency.
- In the event that infant is not in the custody of birth parents, provide contact information for the legal guardian.
- In the event that the infant will be in OCS custody, record the phone number of the legal guardian or social worker. *Make sure the number provided will be answered on weekends and holidays in case of emergencies.*
- Accurate contact information for a guardian is important to ensure that the infant can receive follow-up testing and/or care in the event of an abnormal result. *Make sure the guardian's number provided will be answered on weekends and holidays in case of emergencies.*

Birth Mother's Last Name:

- Provide the birth mother's last name if she is not the legal guardian.
- This helps identify the baby.

GUARDIAN	<input type="checkbox"/> Guardian	Guardian's Last Name	Guardian's First Name
	<input type="checkbox"/> Mother	Guardian's Birth Date Year Month Day	Guardian's Gender <input type="checkbox"/> M <input type="checkbox"/> F
	<input type="checkbox"/> Other		Guardian's Phone Number
	Please Specify	Birth Mother's Last Name	

Primary Care Provider/ Clinic Name

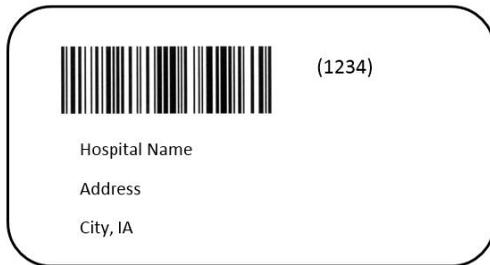
- List either the name of the Primary Care Provider or the name of the provider's office.
- If the provider is not known at the time of specimen collection, be sure to write down the name of the clinic where the guardian(s) plan to take the newborn for his or her first well child check.
- For infants living in villages, do not list the village clinic or Community Health Aides/Providers as the PCP. List the health corporation that oversees the community's clinic.
- Correctly recording this information is critical. The Newborn Screening Program needs the name of the primary care provider to make sure follow-up of abnormal results is completed.
- Do not list the hospital where the baby is born as the PCP unless the infant will be receiving all care at that facility or village health clinic, such as in some rural communities.

Primary Care Provider/Clinic Phone Number

- Provide the phone number (including area code) for the infant's primary care provider or clinic.
- This information is used to contact the provider with abnormal test results and follow-up information.

<p>PCP Primary Care Provider / Clinic Name</p>	<p>Primary Care Provider / Clinic Phone Number</p>
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Apply the pre-printed labels supplied by the State Hygienic Laboratory with the collection forms.



- Verify that the label matches your facility name and address.
- Do not share forms or labels with other facilities as this can lead to results being sent to wrong organization.
- The submitter information provided is used for result reporting purposes as well as billing. Provide accurate and complete information.

If no label is available:

Submitting Facility Name:

- Record the name of the hospital, clinic, birth center, or midwife who collected the specimen.

Submitting Facility's Complete Address:

- Write the mailing address of the submitter (vital because many institutions have the same name and/or are part of a larger affiliation).
- Write the city, state and zip code.

SUBMITTING FACILITY	Submitting Facility's Name		
	Submitting Facility's Street Address <i>Apply submitter label or print submitter name and address</i>		
	City	State	Zip Code