APPENDIX E

Collection and Reporting Form

Request for Proposal 5710 Z1

COLLECTION AND REPORTING FORM – NEBRASKA NEWBORN SCREENING PROGRAM

Birth Date____/____/____ Time ____:____ (Military)
Collection Date____/____/____ Time ____:____ (Military)
Collector's Initials_____ Gestational Age:_____
Birth Weight_____
NICU Admit ☐ Yes ☐ No
If Yes, is this specimen: ☐ Initial specimen ☐ 48-72° repeat
☐ Other repeat ☐ 28 day/ discharge repeat for a < 2000 gram birth
Has baby EVER been transfused ☐ Yes ☐ No
If Yes, Date last transfused:___/____/____Time____:____(Military)
Baby receiving TPN ☐ Yes ☐ No
If yes, was it interrupted 3 hours before taking this specimen
☐ Yes ☐ No
Baby has Meconium Ileus or other bowel obstruction ☐ Yes ☐ No
Baby on Antibiotics ☐ Yes ☐ No

_____
Baby's last name
_____
First name *Middle*
_____
Patient Record Number
_____
Place of Birth
Home birth ☐ Yes ☐ No Sex ☐ M ☐ F ☐Unknown

_____
Mother's last name
_____
First name *Middle*
_____
Address
_____
City *State* *ZIP*
Mother's Phone_(_____)_____-_____
Mother's DOB____/____/____

NEBRASKA Serial No.

_____
Name of Submitter/Facility
_____
City, State (if other than NE)
_____
Name of Ordering Physician
_(_____)_____-_____
Ordering Physician's Phone
_____
Name of Physician following baby post –discharge
_(_____)_____-_____
Post-discharge Physician's Phone

-Allow to air dry horizontally at least 3 hours
-Do not let blood spots touch anything before they are dry
-Ship within 24 hours (when transport available
SHIP TO:

Newborn Screening Laboratory Logo and Address

Date Received

Nebraska Collection and Reporting Form (Care Form)
Serial No.

Date Reported