

MONTANA DPHHS NEWBORN SCREENING
Public Health Laboratory, P.O. Box 4369, Helena, MT 59604-4369
CLIA ID # 27D0652531
(800) 821-7284
2021-11-30

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MONTANA DPHHS NEWBORN SCREENING
Public Health Laboratory
P.O. Box 4369, Helena, MT 59604-4369

SN 363994

PLEASE LEAVE BLANK

Do Not Write in This Space

Baby's Last Name BABY'S LAST NAME

Baby's First Name BABY'S FIRST NAME

Baby's ID Number MEDICAL RECORD NO. **Gender** M F

Mother's Last Name BIRTH MOTHER'S LAST NAME

Mother's First Name BIRTH MOTHER'S FIRST NAME

Baby's Provider LAST NAME, FIRST NAME

Medicaid ID Number

Provider NPI #

Submitting Facility:

RACE OF BABY (Check all that apply)
 White Black Native Amer. Asian Other Unk

ETHNICITY OF BABY (Check only one)
 Non-Hispanic Hispanic Unknown

BIRTH DATE AND TIME TIME (MILITARY)
M O / DAY / YEAR 24-HR CLOCK

SPECIMEN COLLECTION DATE AND TIME TIME (MILITARY)
M O / DAY / YEAR 24-HR CLOCK

SINGLE BIRTH **BIRTH WEIGHT** (grams)
IF MULTIPLE A B — **GRAMS**

HAS THE BABY RECEIVED A RBC TRANSFUSION? Y N
DATE OF TRANSFUSION

OTHER CONSIDERATIONS Adopted
IS THE BABY IN THE NICU? Y N

NICU INFANT INFORMATION **GESTATIONAL AGE**

FEEDING METHOD (weeks)
 TPN Breast Formula, Soy Formula, Lactose

IS MOTHER OR INFANT ON STEROIDS? Y N
IS MOTHER OR INFANT ON ANTIBIOTICS? Y N

WE WILL APPLY A STICKER HERE WITH YOUR FACILITY INFORMATION

Baby's Last Name: If the last name has changed since the baby was born, please enter it here. We are required to enter what is on the requisition, not what is on the patient manifest.

Baby's First Name: If the newborn does not yet have a name, we will use the sex and mother's first name (e.g. BoyEmily or GirlElizabeth). In the case of multiples, we will use birth order, sex, and mother's first name (e.g. ABoyEmily or BGirlElizabeth). This is to avoid confusion if we have a baby with the same sex, same date of birth, and same last name.

Baby's ID Number: This should be a unique number assigned to the baby, for example a medical record number. This unique number helps to avoid having multiple records in our laboratory information system.

Gender: Please check male or female. In some cases, it is difficult to discern by the newborn's first name.

Mother's Last Name: This should be the birth mother's last name, regardless if this is a surrogacy or adoption situation. If the birth mother's name is not known, please indicate that on the requisition.

Mother's First Name: This should be the birth mother's first name, regardless if this is a surrogacy or adoption situation. If the birth mother's name is not known, please indicate that on the requisition.

Baby's Provider: Please provide the name of the pediatrician who attended or who will take over the baby's care after discharge. Please enter the last name AND the first name.

Medicaid ID Number: As applicable.

Provider NPI Number: If known.

Race of Baby: Check all that apply, if known. If nothing indicated, our laboratory information system will default to unknown.

Ethnicity of Baby: Check only one, if known. If nothing indicated, our laboratory information system will default to unknown.

Specimen: Please check first if this is the first screen drawn on the newborn. Please check repeat if this is a subsequent screen drawn on the newborn.

Birth Date and Time: Please enter the two-digit month, two-digit date, and four-digit year. The time should be on a 24-hour scale.

Collection Date and Time: Please enter the two-digit month, two-digit date, and four-digit year. The time should be on a 24-hour scale. This is essential information since Montana rule specifies timing of collection of samples.

Birth Order: If this is a single birth, please mark single. In case of multiples, please indicate the birth order for the newborn.

Birth Weight: Please enter the birth weight in grams. This is the newborn's weight at birth, not the weight at the time the sample was drawn.

If the baby has received a **blood transfusion**, please mark yes, and indicate the date. If nothing is marked, the answer will default to no.

Please indicate if the newborn is in the **NICU**. If nothing is marked, the answer will default to no.

NICU Newborn Information: This information is helpful to capture on all newborns, not just NICU newborns.

Gestational Age: This is the week of gestation when the baby was born, not what would be the gestation at the time the sample was drawn.

Feeding Method: Please indicate the feeding method, if known. Knowledge of feeding methods, especially TPN, is useful when evaluating results.

Is Mother or Infant on Steroids? Antibiotics? Check yes or no.