

IVD

1401412

SN 1401412 Newborn Screening Form Oklahoma State Department of Health-P.O. Box 24106, Oklahoma City, OK 73124-0106 (405) 271-5070 ODH #450 REV02-2007

1. Infant's Last Name Infant's First Name
2. Sex M F 3. Date of Birth MM DD YY 4. Birth Time: 24 Hour Clock
5. Birthweight in Grams 6. If Multiple Birth Indicate Birth Order: A-H 7. Infant's Medical Record or I.D.
8. Provider ID 9. Infant's Provider or Physician's Name
10. Mom's Medicaid Number 11. Provider's Phone Number

MOM'S INFORMATION
1. Mom's Last Name First Name 2. Mom's Age
3. Mom's Address 4. Apt. #
5. Mom's City 6. State 7. Zip
8. Mom's Telephone or Contact 9. Mom's Social Security #
10. Mom's Race/Ethnic: 1. White 2. Black 3. Hispanic 4. Asian 5. American Indian 6. Other

Pulse Oximetry (CCHD) Screen
Not Performed Pass Fail

SUBMITTING HEALTH PROVIDER ID #
Return to Submitter at this address:

Hearing Screening Results:
Right Ear Left Ear Screen Method
Pass Pass ABR Other (Specify)
Refer Refer OAE
If not screened, reason:
Technical problem No equipment Delayed
Caregiver refused Baby discharged Other

Hearing risk status-Check all that apply:
Blood relatives of the infant have a permanent hearing loss that began at birth or in early childhood.
Infant is suspected of having a congenital infection (neonatal herpes, cmv, rubella, syphilis, toxoplasmosis).
Infant has craniofacial anomalies (pinna/ear canal abnormality, cleft lip/palate, hydrocephalus).
Infant had exchange transfusion.
Infant has serum bilirubin level > 15 mg/dL.
Infant was placed in a Level II or III nursery for more than 24 hours.

DO NOT WRITE IN THIS BOX

SPECIMEN INFORMATION
1. Collection Date MM DD YY Collection Time: 24 Hour Clock
2. Transfusion Date MM DD YY Time: 24 Hour Clock

Do not write in this box

3. Has a previous metabolic blood test been done anywhere? Yes No
Previous OSDH Lab Number
4. Check all that apply at time of screening:
TPN Antibiotics Lactose-Free Formula (Soy)
Meconium Ileus Family History of CF
5. Test Requested:
All Tests HGB Only GALT CFTR Phe Monitor
Adoption (check if baby is being adopted)
(See back of form for instructions)

NEWBORN SCREENING FORM

DO NOT REMOVE OVERLAY

See attached instructions on: specimen collection, hearing screening, and transport.

Allow blood specimens to air dry for 3-6 hours using the overlay for support. Close overlay when dry. Transport within 24 hours.



Do not place specimens in plastic bags



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



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2015-08