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Form Name	PerkinElmer DC NBS
Design ID	PEDC20161019010
Version	010
Design Date	10/19/16 CS

Approved Not Approved

Signature

Print Name

Date

Changes from previous job #315116 as requested by Susan Felinczak via email 08/24/16:

1. Updated job number (316135), filter paper lot number (105616), and expiration date (2019-08-31)
2. Updated starting number (30066101) to pick up where last PKI Genetics job (PE with Addressograph) will leave off + 20% (30066001) (Shared Numbering Sequence)
3. Added a fifth circle on filter
4. Updated part 3 to 105# White CF and removed CF ink coverage

Changes from previous version 009 as needed for manufacturing purposes 09/06/16 and 10/19/16:

5. Updated starting number (30106001) to pick up where last PKI Genetics job (PE without Addressograph) left off (30106000) (Shared Numbering Sequence)
6. Updated expiration date (2019-10-31)
7. Updated manufacturing verbiage in specifications at top of proof pages
8. Added IVD symbol to back of part 5

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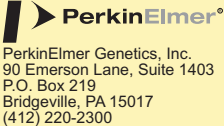
Front of Form (Flap Folded)

Glue lines are between the stubs of parts 1,2,3 and 5, and in between part 3 and 4
 All measurements can vary +/- 1/16" (1.6mm); Manufacturing equivalent substitutions allowed for demographic papers.

----- Dotted Magenta lines signify perf lines.

stub: 7/16"

folding flap: 1 9/16"

TO AVOID RECOLLECTION - Accurately complete the entire form. Use Military Time		SN 30106001		
		 		
HOSPITAL OF BIRTH _____ DRAWN BY _____				
BABY'S LAST NAME FIRST		SEX M _____ F _____	BIRTHDATE _____ BIRTHTIME _____	BABY'S MED. REC. NO. _____
DRAW DATE _____ TIME _____	CHECK HERE IF BABY IS LESS THAN 24 HRS. OLD <input type="checkbox"/>	GESTATION (WEEKS) _____	BIRTHWEIGHT (GRAMS) _____	BIRTH <input type="checkbox"/> SINGLE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER _____
MOTHER'S LAST NAME FIRST		TRANSFUSED? <input type="checkbox"/> SM. VOL. <input type="checkbox"/> EXCHANGE	SPECIMEN <input type="checkbox"/> INITIAL <input type="checkbox"/> REPEAT	IF REPEAT <input type="checkbox"/> REQUESTED _____ <input type="checkbox"/> ROUTINE (PREVIOUS CARD #) _____
ADDRESS CITY, STATE, ZIP		DATE _____		
PHONE (MOTHER) _____		BABY'S PHYSICIAN _____ SUBMITTER _____		
RECEIVING AT TIME OF COLLECTION TPN <input type="checkbox"/> CARNITINE <input type="checkbox"/>		PHONE (PHYSICIAN) _____ ADDRESS (IF OTHER THAN BIRTH FACILITY) _____		

Total Form Height
 (all parts)
 4" (101.60mm)

Total Form Length (Flap Folded)
 9 5/8" (244.48mm)

SUBMITTER KEEP THIS COPY

FOLD BACK DURING DRYING BUT DO NOT REMOVE THIS COVER FLAP. IT IS FOR THE PROTECTION OF THE SPECIMEN HANDLERS.

PLEASE MAKE SURE THAT THE BLOOD SPOTS ARE COMPLETELY DRY

AND PROTECTIVE FLAP IS IN PLACE BEFORE SUBMITTING SPECIMEN





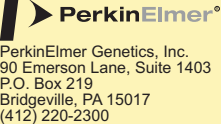
Form Name	PerkinElmer DC NBS
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Face of Part 1 (no copy on back)

Glue lines are between the stubs of parts 1,2,3 and 5, and in between part 3 and 4
 All measurements can vary +/- 1/16" (1.6mm); Manufacturing equivalent substitutions allowed for demographic papers.

----- Dotted Magenta lines signify perf lines.

stub: 7/16"

ADDRESSOGRAPH		TO AVOID RECOLLECTION - Accurately complete the entire form. Use Military Time				SN 30106001		
								
		HOSPITAL OF BIRTH			DRAWN BY			
BABY'S LAST NAME		FIRST	SEX	M BIRTHDATE	BIRTHTIME	BABY'S MED. REC. NO.		
DRAW DATE		TIME	<input type="checkbox"/>	CHECK HERE IF BABY IS LESS THAN 24 HRS. OLD				
MOTHER'S LAST NAME		FIRST	GESTATION	BIRTHWEIGHT	BIRTH			
			(WEEKS)	(GRAMS)	<input type="checkbox"/> SINGLE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
ADDRESS		TRANSFUSED?		SPECIMEN		IF REPEAT		
CITY, STATE, ZIP		<input type="checkbox"/> SM. VOL. <input type="checkbox"/> EXCHANGE		<input type="checkbox"/> INITIAL <input type="checkbox"/> REPEAT		<input type="checkbox"/> REQUESTED <input type="checkbox"/> ROUTINE		(PREVIOUS CARD #)
PHONE (MOTHER)		BABY'S PHYSICIAN			SUBMITTER			
RECEIVING AT TIME OF COLLECTION		PHONE (PHYSICIAN)			ADDRESS (IF OTHER THAN BIRTH FACILITY)			
TPN <input type="checkbox"/> CARNITINE <input type="checkbox"/>								

Total Form Height
(all parts)
4" (101.60mm)

Part 1: 15# Canary CB;
black and red185 ink face only,
3/16" black press number,
code 39 barcode
7 3/4" (196.8mm)


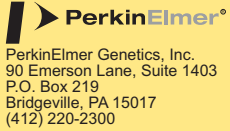
Form Name	PerkinElmer DC NBS
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Face of Part 2 (no copy on back)

Glue lines are between the stubs of parts 1,2,3 and 5, and in between part 3 and 4
 All measurements can vary +/- 1/16" (1.6mm); Manufacturing equivalent substitutions allowed for demographic papers.

----- Dotted Magenta lines signify perf lines.

stub: 7/16"

ADDRESSOGRAPH		TO AVOID RECOLLECTION - Accurately complete the entire form. Use Military Time				SN 30106001	
						SUBMITTER KEEP THIS COPY	
		HOSPITAL OF BIRTH		DRAWN BY			
BABY'S LAST NAME		FIRST	SEX	M BIRTHDATE	BIRTHTIME	BABY'S MED. REC. NO.	
DRAW DATE		TIME	<input type="checkbox"/> F	CHECK HERE IF BABY IS LESS THAN 24 HRS. OLD <input type="checkbox"/>			
MOTHER'S LAST NAME		FIRST	GESTATION	BIRTHWEIGHT	BIRTH		
			(WEEKS)	(GRAMS)	<input type="checkbox"/> SINGLE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER _____		
ADDRESS		TRANSFUSED?		SPECIMEN		IF REPEAT	
CITY, STATE, ZIP		<input type="checkbox"/> SM. VOL. <input type="checkbox"/> EXCHANGE		<input type="checkbox"/> INITIAL <input type="checkbox"/> REPEAT		<input type="checkbox"/> REQUESTED [][][][][][][][][] <input type="checkbox"/> ROUTINE (PREVIOUS CARD #)	
PHONE (MOTHER)		BABY'S PHYSICIAN			SUBMITTER		
RECEIVING AT TIME OF COLLECTION		PHONE (PHYSICIAN)			ADDRESS (IF OTHER THAN BIRTH FACILITY)		
TPN <input type="checkbox"/>		CARNITINE <input type="checkbox"/>					

Total Form Height
 (all parts)
 4" (101.60mm)

Part 2: 14.5# Goldenrod CFB;
 black and red 185 ink face only,
 3/16" black press number
 8 1/16" (204.8mm)

Form Name	PerkinElmer DC NBS
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Face of Parts 3 and 4 (no copy on back)

Glue lines are between the stubs of parts 1,2,3 and 5, and in between part 3 and 4
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----- Dotted Magenta lines signify perf lines.


stub: 7/16"

5/8" Perf to edge

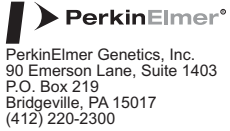
TO AVOID RECOLLECTION - Accurately complete the entire form.
Use Military Time

[SN] 30106001

ADDRESSOGRAPH



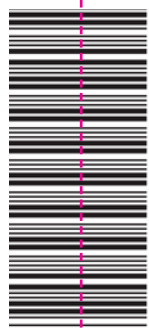
District of Columbia



PerkinElmer
PerkinElmer Genetics, Inc.
90 Emerson Lane, Suite 1403
P.O. Box 219
Bridgeville, PA 15017
(412) 220-2300

HOSPITAL OF BIRTH		DRAWN BY	
BABY'S LAST NAME	FIRST	SEX M F	BIRTHDATE BIRTHTIME
DRAW DATE	TIME	CHECK HERE IF BABY IS LESS THAN 24 HRS. OLD <input type="checkbox"/>	
MOTHER'S LAST NAME	FIRST	GESTATION (WEEKS)	BIRTHWEIGHT (GRAMS)
ADDRESS		BIRTH <input type="checkbox"/> SINGLE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER _____	
CITY, STATE, ZIP	TRANSFUSED? <input type="checkbox"/> SM. VOL. <input type="checkbox"/> EXCHANGE	SPECIMEN <input type="checkbox"/> INITIAL <input type="checkbox"/> REPEAT	IF REPEAT <input type="checkbox"/> REQUESTED <input type="checkbox"/> ROUTINE (PREVIOUS CARD #)
PHONE (MOTHER)	BABY'S PHYSICIAN		SUBMITTER
RECEIVING AT TIME OF COLLECTION TPN <input type="checkbox"/> CARNITINE <input type="checkbox"/>	PHONE (PHYSICIAN)		ADDRESS (IF OTHER THAN BIRTH FACILITY)

105616/
PerkinElmer 226
[LOT] 316135
Rev. 2015/03
2019-10-31
EXPIRED PAPERS ARE REJECTED



30106001

[SN] 30106001

Total Form Height
(all parts)
4" (101.60mm)

Part 3: 105# White CF;
black and red 185 ink face only,
one 3/16" black (horizontal) press number,
code 39 barcode with mod 43 check digit
(contained only in the barcode) and one human readable
8 5/16" (211.13mm)

Part 4: PerkinElmer 226;
ID333 biologically inactive ink face only
Circles = 12.7mm ID
1 9/16" (39.67mm)

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Back of part 5 (no copy on face)

Glue lines are between the stubs of parts 1,2,3 and 5, and in between part 3 and 4
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- Dotted Magenta lines signify perf lines.
- ○ ○ Magenta circles signify line holes.

stub: 7/16"

folding flap: 1 9/16"

Instructions

Screening Instructions

The sample should be drawn by a health professional experienced in this type of collection. Specimens should be obtained between 24 and 48 hours of age, as close to 48 hours as possible.

Sample Collection

- Sterilize the heel area with alcohol, air dry, and puncture with a sterile disposable lancet.
- Apply blood to the front side of the filter paper only.
- Completely fill each of the four circles on the filter paper with a single, free flowing drop of blood.
- Make sure the blood soaks through to the back of the filter paper.
- Do not layer successive drops.
- The use of capillary tubes is not recommended. Do not use devices that contain EDTA, citrate, oxalate, or heparin.
- Cord Blood is unacceptable for newborn screening, collect a specimen from the baby at least 24 hours after delivery.

Drying the Sample

- Air dry on a clean flat surface for three to four hours away from heat and light.
- Do not stack or allow the blood spots on the filter paper to touch other surfaces while drying.
- When dry, return the fold over flap to its original position.

Sending to the Screening Laboratory
 Place the filter paper in the return envelope, and send it to the laboratory as soon as possible to ensure accurate and timely processing. If you are unable to send the specimen immediately, place it in a plastic bag and store it in a freezer (preferable) or a refrigerator.
If urgent screening results are needed, we recommend shipping the sample by overnight courier.

DO NOT TOUCH THE BLOOD COLLECTION AREA. IT MAY CONTAMINATE THE RESULTS.

COLLECT SAMPLE FROM
SHADED AREA

PerkinElmer Genetics, Inc.
 90 Emerson Lane
 Suite 1403
 P.O. Box 219
 Bridgeville, PA 15017
 (412) 220-2300
 (866) 463-6436

FOLD BACK DURING
 DRYING BUT
 DO NOT REMOVE
 THIS COVER FLAP.
 IT IS FOR THE
 PROTECTION OF
 THE SPECIMEN
 HANDLERS.
 PLEASE MAKE
 SURE THAT THE
 BLOOD SPOTS
 ARE COMPLETELY
 DRY
 AND PROTECTIVE
 FLAP IS IN PLACE
 BEFORE
 SUBMITTING
 SPECIMEN

RIGHT

ACCEPTABLE
Circle filled
and evenly saturated

WRONG

UNACCEPTABLE
Layering

Insufficient,
multiple applications

Serum rings present

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PerkinElmer
Health Sciences, Inc.
17 P and N Drive
Greenville, SC 29611 USA

Total Form
Height
(all parts)
4" (101.60mm)

Part 5: 28# Buff Ledger;
black and red185 ink back only
11 3/16" (284.18mm)