

DO NOT FOLD - INSTRUCTIONS ON BACK
MAIL USING OVERNIGHT DELIVERY METHODS

NC DHHS, DIVISION OF PUBLIC HEALTH
NEWBORN SCREENING
4312 DISTRICT DRIVE RALEIGH, NC 27607-5480
PO BOX 28047, RALEIGH, NC 27611-8047



040752401

SN

NEWBORN'S MEDICAL RECORD # _____
 FIRST TEST REPEAT UNSAT REPEAT OTHER KNOWN PKU

NEWBORN'S LAST NAME _____ FIRST NAME _____ MULTIPLE BIRTHS:
(if multiple, A, B, or C, etc.) _____

NEWBORN'S BIRTHDATE: BIRTHTIME: RACE: SEX: TYPE OF FEEDING: BIRTH-WEIGHT
MO DAY YEAR 24 HR CLOCK 1. White 1. MALE 1. Breast 3. Non-Soy IN GRAMS
 2. Black 2. FEMALE 2. Soy 4. Parenteral

COLLECTION DATE: COLLECTION TIME: 3. Am. Ind. 3. AMBIGUOUS GESTATIONAL AGE CURRENT WEIGHT
MO DAY YEAR 24 HR CLOCK 4. Asian HISPANIC OR LATINO ORIGIN (WEEKS) IN GRAMS
 5. Native Hawaiian/ 1. Yes 2. No
Other Pacific Is. 3. Unknown

MOTHER'S LAST NAME _____ FIRST NAME _____

MOTHER'S MAIDEN NAME _____ LATEST RBC TRANSFUSION DATE TRANSFUSION NICU Y N
MO DAY YEAR MECONIUM Y N U
ILEUS

MOTHER'S MAILING ADDRESS _____ AREA CODE _____ MOTHER'S PHONE _____

CITY _____ ST _____ ZIP _____ COUNTY OF RESIDENCE / COUNTY CODE _____

HOSPITAL/SPECIMEN SUBMITTER _____ FED. TAX ID _____

PHYSICIAN / PRACTICE NAME _____ FED. TAX ID _____

DHHS 3105 (REVISED 04/15) VER.4.00, LABORATORY REVIEW 04/17

COLLECTOR'S INITIALS, PRINT LEGIBLY: _____
VERIFIER'S INITIALS, PRINT LEGIBLY: _____

HEARING SCREENING

RIGHT EAR SCREENER ID _____
MO DAY YEAR _____

Type of Screen:
 1. AABR 2. DPOAE
 3. TEAOE

1. PASS 2. REFER

NOT SCREENED DUE TO:
 3. Declined
 4. Deceased
 5. Transferred
 6. BAER Performed
 7. Other: _____

LEFT EAR SCREENER ID _____
MO DAY YEAR _____

Type of Screen:
 1. AABR 2. DPOAE
 3. TEAOE

1. PASS 2. REFER

NOT SCREENED DUE TO:
 3. Declined
 4. Deceased
 5. Transferred
 6. BAER Performed
 7. Other: _____

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