

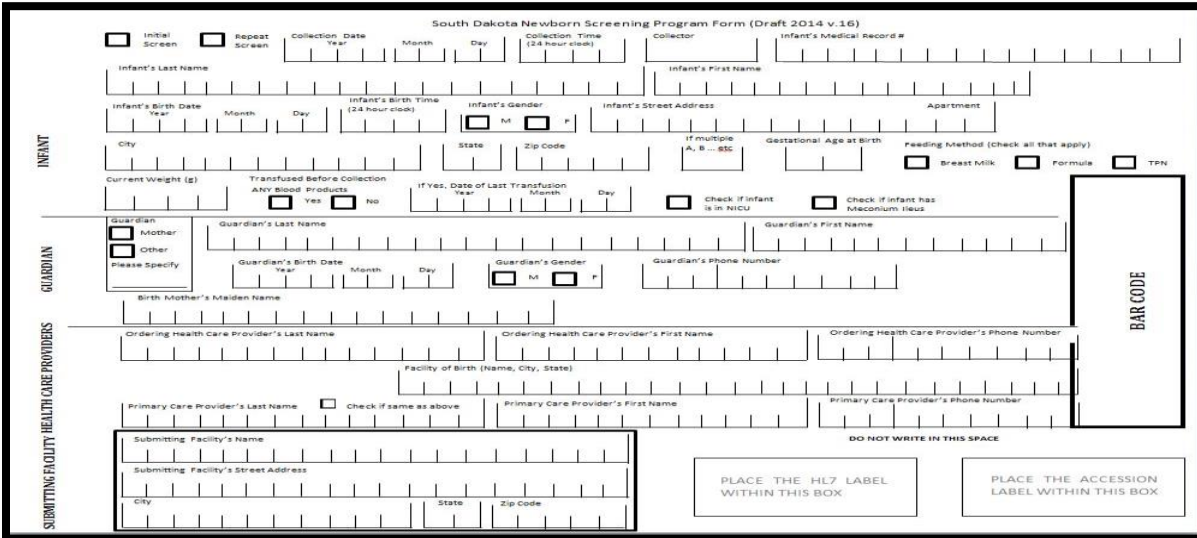
South Dakota Newborn Screening Program

Specimen Collection Card Instructions

The newborn screening specimen collection card is a legal record; the submitter is legally responsible for the accuracy and completion of all information.

Inaccurate or missing information may affect the accuracy of the screening results and/or the ability to quickly notify the infant's care provider in event of abnormal screening results. **ANY DELAY PUTS THE INFANT'S HEALTH AT RISK.**

It is extremely important that every data field on the specimen collection card is filled out completely, accurately and **LEGIBLY** before collecting the specimen. All requested information is vital to ensuring proper testing, and timely follow-up of repeat or confirmatory testing. Collection card information is essential to the infant match between the contract newborn screening laboratory report, the State Hygienic Laboratory at the University of Iowa (SHL) and the South Dakota Department of Health Electronic Vital Records and Screening System (EVRSS).



South Dakota Newborn Screening Program Form (Draft 2014 v.16)

INFANT

Initial Screen Repeat Screen Collection Date: Year, Month, Day Collection Time (24-hour clock) Collector Infant's Medical Record #

Infant's Last Name Infant's First Name

Infant's Birth Date: Year, Month, Day Infant's Birth Time (24-hour clock) Infant's Gender: M F Infant's Street Address Apartment

City State Zip Code If multiple: A, B, ...-SS Gestational Age at Birth Feeding Method (check all that apply): Breast Milk Formula TPN

Current Weight (g) Transfused Before Collection: Yes No If Yes, Date of Last Transfusion: Year, Month, Day Check if infant is in NICU Check if infant has Meconium Ileus

GUARDIAN

Mother Other Please Specify: _____ Guardian's Last Name Guardian's Birth Date: Year, Month, Day Guardian's Gender: M F Guardian's First Name Guardian's Phone Number

Birth: Mother's Maiden Name

ORDERING HEALTH CARE PROVIDERS

Ordering Health Care Provider's Last Name Ordering Health Care Provider's First Name Ordering Health Care Provider's Phone Number

Facility of Birth (Name, City, State)

Primary Care Provider's Last Name Check if same as above Primary Care Provider's First Name Primary Care Provider's Phone Number

SUBMITTING FACILITY HEALTH CARE PROVIDERS

Submitting Facility's Name

Submitting Facility's Street Address

City State Zip Code

DO NOT WRITE IN THIS SPACE

PLACE THE HL7 LABEL WITHIN THIS BOX

PLACE THE ACCESSION LABEL WITHIN THIS BOX

BAR CODE

- **Complete all data fields** to avoid having specimen rejected or test results withheld;
- **Use a ballpoint pen**, as soft-tip pens will not copy through to the carbon copies;
- **Use blue or black ink** and stay within the limits of the designated boxes;



- **Avoid touching the filter paper before, during and after collection.** Oils and other substances on hands can contaminate the card or the specimen itself;
- **Water, infant formulas, antiseptic solutions, glove powder, hand lotion, and other materials** should not come in contact with the newborn screening card at any time through the screening process;
- **Do not apply stickers/labels in the “For SHL Use Only” area,** as it makes logging and tracking specimens in the lab very difficult;
- **Remove the 2nd ply for your facilities records;** this copy is for the submitter;
- **Do not use adhesive tape;**
- **Pre-printed labels supplied by SHL** – verify information is correct for your facility;
- **Do not share collection card supplies** with other facilities. This will cause a disruption/delay with the appropriate notification of the newborn screening laboratory results.
- **Discard any expired or damaged collection cards.** Specimen will be deemed “poor quality” if collection card has expired.

Section - Infant: Information

South Dakota Newborn Screening Program Form (Draft 2014 v.16)

Initial Screen Repeat Screen

Collection Date: Year, Month, Day Collection Time (24 hour clock) Collector Infant's Medical Record #

Infant's Last Name Infant's First Name

Infant's Birth Date: Year, Month, Day Infant's Birth Time (24 hour clock) Infant's Gender: M F Infant's Street Address Apartment

City State Zip Code If multiple (A, B ... etc) Gestational Age at Birth Feeding Method (Check all that apply): Breast Milk Formula TPN

Current Weight (g) Transfused Before Collection ANY Blood Products: Yes No If Yes, Date of Last Transfusion: Year, Month, Day Check if infant is in NICU Check if infant has Meconium Ileus

INFANT

Initial Screen vs. Repeat Screen

- Check one box- either initial or repeat. Repeat screen is used for any subsequent specimen regardless of the reason (poor quality, early collection).

Collection Date

- Eight-digit format (yyyy/mm/dd)

Collection Time (24 hour clock)

- Military time format (HH:MM),

Collector

- Initials of the person collecting the sample, determined by the submitting facility

Infant's Medical Record

- The Infant's Medical Record # is for submitting facility's use only. Typically, the assigned Medical Record # is to track patient information within a facility.

Infant's Last Name, Infant's First Name

- Infant's last name followed by the first name.

Infant's Birth Date

- Eight-digit format (yyyy/mm/dd)

Infant's Birth Time (24 hour clock)

- Military time format (HH:MM), accuracy is vital – some screening tests are specific to exact age

Infant's gender check box

- Indicate sex by checking male or female



Infant's Street Address, City, State, Zip Code

- Infant's residence

If multiple, A, B...etc

- Very important to indicate multiple birth order. Use A = first born of the set, B = second born of the set, etc.
- If collection is for a single birth, leave blank

Gestation age at birth

- Indicate gestation at birth for all initial and repeat specimens.
- If unknown, document "unknown"

Feeding Method (Check all that apply) Check boxes = Breast Milk, Formula, TPN, None of the above

- Document the type(s) of feeding methods within the last 24 hours of collection
- Breast milk: includes donor milk
- Formula: includes all special formulas and additions (e.g. Human Milk Fortifier, Beneprotein, etc.)
- TPN: includes but not limited to Neonatal Venous Nutrition (NVN), Peripheral Parenteral Nutrition (PVN), Hyperalimentation (Hyperal), Starter TPN, any supplementation that includes amino acids, and any additional TPN products not mentioned.
- None of the above: infant is receiving fluids only and/or no other feeding method listed

Current Weight

- Weight in grams at time of collection. DO NOT LEAVE BLANK

Transfused Before Collection Any Blood Product

- Required field and must be completed. Mark "Yes" or "No" whether the infant was given blood products BEFORE collection.
- If yes, complete

If Yes, Date of Last Transfusion

- Eight-digit format (yyyy/mm/dd)

Check if Infant is in NICU

- Mark as appropriate (NICU/PICU).
- Leave box blank if not in the NICU/PICU

Check if Infant has Meconium Ileus

- If meconium ileus is suspected, check box. Meconium ileus is a consideration for cystic fibrosis screening.
- Leave box blank if meconium ileus is not suspected.



Section - Guardian

GUARDIAN	Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Other Please Specify _____	Guardian's Last Name	Guardian's First Name
	Guardian's Birth Date Year Month Day <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/>	Guardian's Gender <input type="checkbox"/> M <input type="checkbox"/> F	Guardian's Phone Number
Birth Mother's Maiden Name			

Guardian Check Box, Mother, Other, Please Specify _____

- For the South Dakota Newborn Screening collection card, the birth mother information is vital for the match of the metabolic record to the correct birth certificate. Birth mother information should ALWAYS be entered within the Guardian Section on the collection card.
- For the special circumstances of guardianship if other than the birth mother such as adoption or surrogacy, please indicate here **Please Specify** _____. In the event of time-critical newborn screening results, accurate contact information is vital to ensure timely follow-up testing and medical intervention.

Guardian's Last Name, Guardian's First Name

- Birth mother's last name followed by the first name.

Guardian's Birth Date

- Birth mother's date of birth using an eight-digit format (yyyy/mm/dd)

Guardian's Gender check box

- Indicate sex by checking male or female.

Guardian's phone number

- In the event of time-critical newborn screening results, accurate contact information is critical to ensure timely follow-up testing and medical intervention.

Birth Mother's Maiden Name

- The mother's maiden name is a required data element to match newborn screening test results to the birth certificate.



Section – Health Care Providers

HEALTH CARE PROVIDERS	Ordering Health Care Provider's Last Name	Ordering Health Care Provider's First Name	Ordering Health Care Provider's Phone Number
	Facility of Birth (Name, City, State)		
	Primary Care Provider's Last Name <input type="checkbox"/> Check if same as above	Primary Care Provider's First Name	Primary Care Provider's Phone Number

Ordering Healthcare Provider's Last Name, First Name, Ordering Health care Provider's phone number

- Name of ordering healthcare provider with the last name followed by first name.
- Phone number with area code.

Facility of Birth (Name, City, State)

- The "Facility of Birth" is a required data element to match newborn screening test results to the birth certificate.
- Accurate information is required and should not be assumed this is the same as the submitting facility.
- If the infant was born outside of a South Dakota birth facility (i.e. homebirth, or an out-of-state birth), please enter HOMEBIRTH and/or the abbreviation of the state the infant was born in (i.e. MN, IA, ND, WY, etc.).

Primary Care Provider's Last Name, First Name checkbox Check if same as above, Primary Care Provider's Phone Number

- In the event of time-critical newborn screening results, accurate contact information regarding the healthcare provider who will care for the infant post discharge is vital to ensure timely follow-up testing and medical intervention.
- When the Primary Care Provider is the same as the "Ordering Healthcare Provider" use the checkbox to indicate "same as above."
- Name of primary healthcare provider/clinic with the last name followed by first name.
- Phone number with area code.

Section – Submitting Facility

SUBMITTING FACILITY F	<table border="1"><tr><td colspan="25">Submitting Facility's Name</td></tr><tr><td colspan="25">Submitting Facility's Street Address</td></tr><tr><td colspan="15">City</td><td colspan="5">State</td><td colspan="5">Zip Code</td></tr></table>	Submitting Facility's Name																									Submitting Facility's Street Address																									City															State					Zip Code					DO NOT WRITE IN THIS SPACE	
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Submitting Facility's Name, Submitting Facility's Street Address, City, State, Zip Code

- Enter the name of the hospital, clinic, or certified nurse midwife submitting the specimen.
- Accurate street address information is required – many facilities have the same name and/or part of a larger healthcare organization.
- Submitter information is used for reporting newborn screening laboratory results and invoicing.

Section – BAR CODE (sticker label of the unique identification number)

- Important that all birthing facilities utilize the sticker/label (barcode number) which is the **unique identification number** on the Certifier's Worksheet for Completing the Birth Certificate.
- Each birthing facility should have a process to place the unique identifier number (sticker with the barcode number) from the collection card onto the Certifier's Worksheet for Completing the Birth Certificate.
- The **unique identification number** allows the matching of the infant's initial newborn screening laboratory results to their birth record.

Contact the **SD Newborn Screening Program** at **605-773-3361** or the contract newborn screening laboratory, the **State Hygienic Laboratory at the University of Iowa** at **1-515-725-1630** for questions regarding unusual situations and the best way to complete information on the newborn screening collection card information.