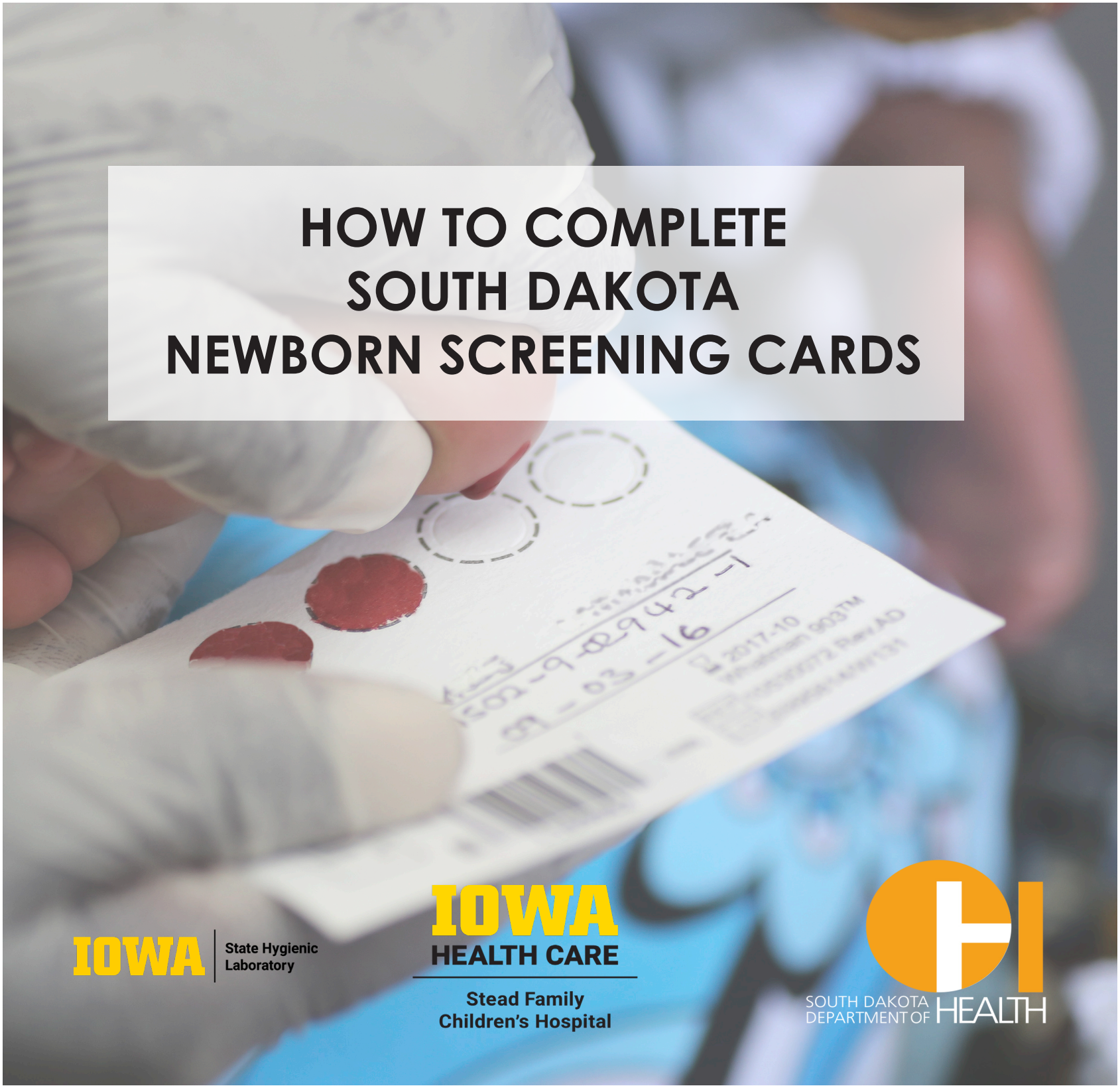


HOW TO COMPLETE SOUTH DAKOTA NEWBORN SCREENING CARDS

IOWA State Hygienic Laboratory

IOWA HEALTH CARE
Stead Family Children's Hospital

SOUTH DAKOTA DEPARTMENT OF HEALTH

It is extremely important to complete the screening card accurately and completely. *Inaccurate or missing information may adversely affect screening results and/or the ability to quickly contact the infant's health care provider in the event of an abnormal screening result.* ***Any delay may put the child's health at risk.***

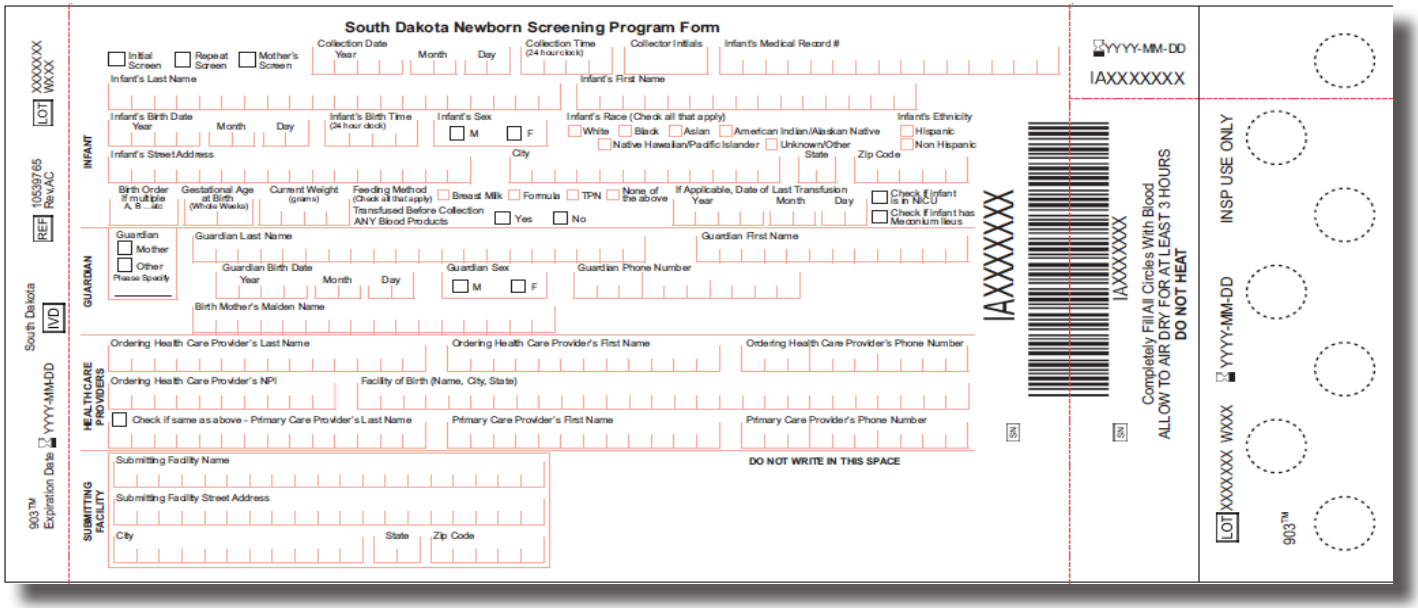
The specimen submitter is responsible for the accuracy and completeness of the information on the newborn screening card.

Remember:

- Write clearly and firmly in blue or black ink to ensure that all information is transferred between carbon copies.
- Once all the information is complete, remove the second ply for your facility's records.

For questions, please call the State Hygienic Laboratory at 515-725-1630.

Hours: Monday - Friday 8:00 a.m. to 4:30 p.m.



GENERAL INFORMATION

Do not place stickers/labels or write in the lower right-hand side of the card in the area that says "FOR SHL USE ONLY"

- Organization patient labels may be placed in the box designated for HL7 labels on the form.
- The box "For SHL Use Only" is used by the newborn screening lab. Do not write or apply stickers/labels in this area.

Initial Screen vs. Repeat Screen vs. Mother's Screen:

- Check the appropriate box: "Initial" or "Repeat."
- Initial screen is the first submission.
- Repeat screen(s) are any subsequent submission(s) received after the initial screen, even if the resubmission is due to poor quality/specimen rejection, prior early collection samples, etc.
- Occasionally a screen on mother is requested to confirm infant's results. This would be done at the request of the program.

Collection Date:

- Use an eight-digit format (yyyy/mm/dd) for the newborn's date of collection. For example, a sample collected on March 9, 2015, would be recorded as 2015 03 09.

Collection Time:

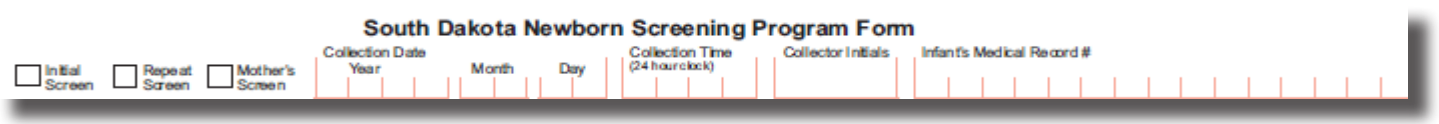
- Always use 24-hour clock (HH:MM) when entering the time of collection.
- Validity of test results are specific to the exact age (in hours) of the infant, so an accurate time of collection is crucial.

Collector:

- Use unique identifier (initials, last name, employee ID number, etc.) for the person collecting the sample. Each facility can determine its own unique identifier for internal use.

Infant Medical Record Number:

- Write the infant's medical record number.
- **Do not record the mother's medical record number.**



SAMPLE INFORMATION

Infant's Last Name:

- Write the infant's last name.
- It is important to list the infant's last name regardless of whether the guardian(s) have chosen a first name.
- Do not assume that the infant's last name is the same as the mother's last name. Record the last name the infant will go by at discharge.
- Providing an incorrect name could potentially cause a delay in reporting abnormal results and impact the health of the infant.

Infant's First Name:

- Record infant's first name, if known.
- If the guardian(s) have not yet chosen a first name, leave this field blank or use existing organization nomenclature.
- Providing an incorrect name could potentially cause a delay in reporting abnormal results and impact the health of the infant.

Infant's Birth Date:

- Use an eight-digit format (yyyy/mm/dd) for the infant's date of birth. For example, an infant born on March 9, 2015, would be recorded as 2015 03 09.

Infant's Birth Time:

- Always use 24-hour clock (HH:MM) when entering the time of birth.
- Validity of test results are specific to the exact age (in hours) of the infant, so an accurate birth time is crucial.

Infant's Sex:

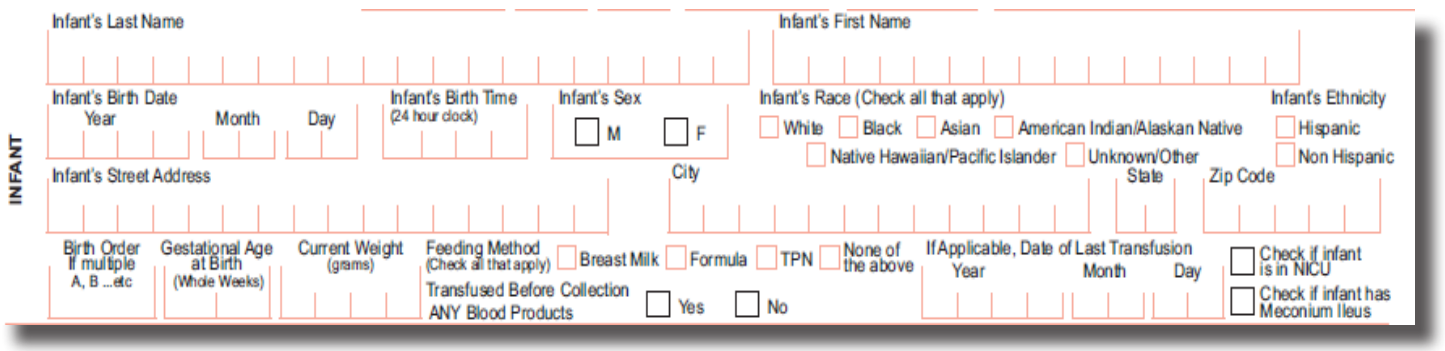
- Mark "M" for male or "F" for female. If unknown or ambiguous genitalia, write "Unknown" in the Infant's Sex box.
- This helps with the identification of patient.

Infant's Race:

- Check all applicable race identifiers for the infant. If unknown select "unknown/other".
- Do not check the race of the guardian(s). Please ask Guardian of preferred race selection for the infant.

Infant's Ethnicity:

- Check the box of infant's ethnicity of Hispanic or non-Hispanic.
- Do not select the ethnicity of the guardian.
- Please ask the guardian for the ethnicity of the infant. If the guardian cannot provide, leave blank.



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INFANT INFORMATION

Infant's Street Address:

- Record where the infant will reside. Complete address, city, state and zip code.
- In the event of an adoption or other guardianship, Record the address where the infant will reside.
- Accurate contact information is crucial for contacting the guardian in the event of an abnormal result or a need for retesting.

If Multiple A, B…etc.:

- If the infant is one of a set of multiple births (twins, triplets, etc.,) record the birth order of the infant. For example, if the infant was the first born in a set of triplets, write "A" in the box. For the third born infant, write "C" in the box.
- If single birth, leave blank,put a line through the field or cross it out.
- This field is not in reference to the birth order of ALL pregnancies but the **birth order of this one pregnancy.**

Gestational Age at Birth:

- Record the infant's week of gestation at time of birth. Record in completed weeks only, no rounding up.
- Accurate gestational age is critical for analyzing the results of newborn screening tests. This includes all collections - initial and repeat screens.
- If unknown, write "Unknown."

Current Weight (g):

- Record the infant's weight in grams at time of specimen collection.
- Do not leave blank. It is important to correctly record the infant's weight for accurate test results.

Feeding Method:

- Check all types of feeding that apply within the last 24 hours. For example, if the infant has received both TPN and breast milk in the last 24 hours, check both boxes.
- Breast milk includes milk sourced from biological mother or donor milk.
- Total Parenteral Nutrition (TPN) includes, but is not limited to, Neonatal Venous Nutrition (NVN), Peripheral Parenteral Nutrition (PVN), Hyperalimentation (Hyperal), Starter TPN, any supplementation that includes amino acids, and/or any additional TPN products not mentioned.
- If infant is receiving fluids only and/or no other feeding method listed, check "None of the above."
- Formulas include all special formulas and additives (e.g. Human Milk Fortifier, Beneprotein, etc.).

Transfusion (Any Blood Products):

- This field **MUST** be marked "Yes" or "No" because transfusion status affects results. Missing information could lead to delays. If the infant was given any blood product BEFORE newborn screen collection, check "Yes." If the infant was NOT transfused or transfused after collection check "No."
- Write the date of the most recent transfusion. If infant has received multiple transfusions, you only need to record the most recent date of transfusion.
- Use an eight-digit format (yyyy/mm/dd) for the most recent transfusion date. For example, infant was last transfused on March 9, 2015, recorded as 2015 03 09.
- Transfusion includes ALL blood products including, but not limited to, red blood cells, plasma, immunoglobulins and platelets.
- If baby received a transfusion before delivery (intrauterine), mark "Yes" and record the date of the most recent transfusion.

Check if infant is in NICU:

- Check the box if the patient is in Neonatal Intensive Care/ Pediatric Intensive Care Unit (NICU/PICU) or another high-acuity level care unit at time of collection.
- If infant is not in NICU/PICU, leave blank.

Check if infant has Meconium Ileus:

- Meconium ileus is known to interfere with the screening for cystic fibrosis. If meconium ileus is suspected, the screening algorithm for cystic fibrosis will change.
- Check the box ONLY IF the infant has or is suspected of having meconium ileus.
- If no meconium ileus is suspected, leave blank.

The guardian is considered the person with the legal authority to care for the infant. In most cases, this is the birth mother, but can include other legal guardian relationships if the birth mother is not the legal guardian.

Guardian Box:
- Mother is in reference to biological mother. If biological mother is legal guardian, check "Mother."
- If legal guardian is any other relation other than biological mother, mark "Other."
- If the infant is in the custody of the biological mother, provide the mother's information as the guardian. If the mother is not a legal guardian, provide legal guardian information.
- If other, record relation under "Please Specify." Examples of "other" include adoptive parent, human services, adoption agency, grandparent, etc.

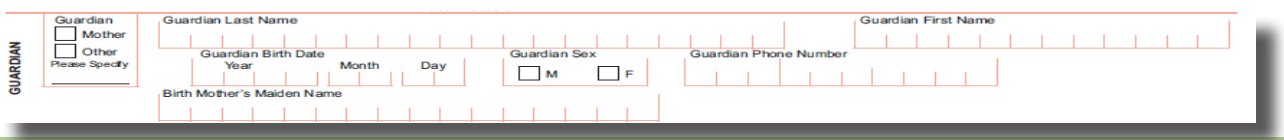
Guardian Last Name and First Name:
- Record the guardian's last name followed by first name.
- In the event of an adoption, record the name of the legal guardian (adoptive parent, adoption agency, social worker, etc.).
- If infant was born via surrogacy, provide the name of the legal guardian who will take care of infant post-delivery.
- In the event that the infant will be held in protective services, record the name of the infant's social worker or legal guardian.
- Accurate identifying information is crucial for contacting the guardian in the event of an abnormal result or a need for retesting.

Guardian's Birth Date:
- Use an eight-digit format (yyyy/mm/dd) for the guardian's date of birth. For example, a guardian born on March 9, 1990, would be recorded as 1990 03 09.
- In the event of an adoption, write the date of birth of the adoptive parent.

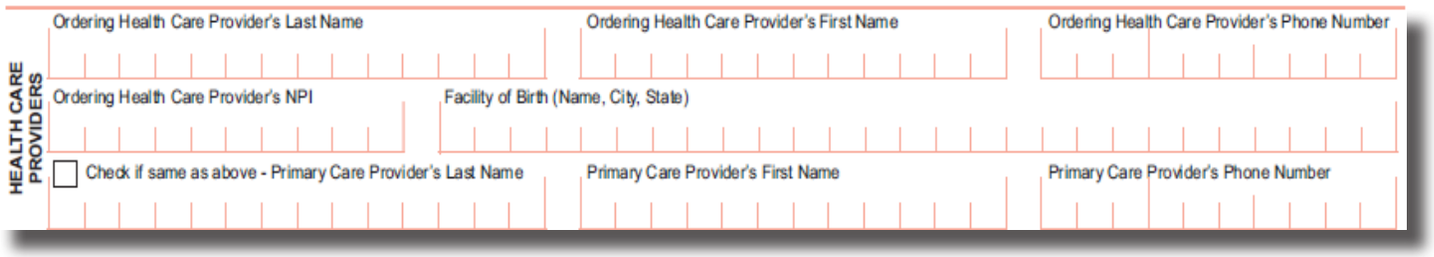
Guardian's Sex:
- Check "M" for Male or "F" for Female.

Guardian's Phone Number:
- Record the guardian's phone number (including area code) at which he/she most easily can be reached in case of emergency.
- In the event that infant is not in the custody of birth parents, provide contact information for the legal guardian.
- In the event of an adoption, record the phone number of the case worker here.
- In the event that the infant will be held in protective services, record the phone number of the legal guardian or social worker.
- *Make sure the number provided will be answered on weekends and holidays in case of emergencies*.
- Accurate contact information for a guardian is important to ensure that the infant can receive follow-up testing and/or care in the event of an abnormal result.

Birth Mother's Maiden Name:
- Record the birth mother's maiden name.
- In the event of an adoption or surrogacy, record birth mother's maiden name as it will appear on the birth certificate. This is used for the birth matching process to ensure all babies born receive newborn screening.



GUARDIAN INFORMATION



Ordering Health Care Provider's Last and First Name:

- Record the name of the health care provider ordering the infant's newborn screen, using last name followed by first name.

Ordering Health Care Provider's Phone Number:

- Provide the phone number (including area code) for the health care provider ordering the infant's newborn screen.
- This information may be used to contact the provider with abnormal test results and follow-up information.

Ordering Health Care Provider's National Provider Identifier (NPI) Number

- Provide the Ordering Health Care Provider's NPI number to help correctly identify the correct provider.
- This information may be known by lab staff or billing staff at your facility.

Facility of Birth (Name, City, State):

- If born in state but not at your facility, record the name, city, and state of the facility where the infant was born.
- If infant was born at home, write "Home Birth."
- If born out of state, write the abbreviation of the state the infant was born in followed by "birth." Write for example, WY birth or NE birth for Wyoming birth or Nebraska birth, respectively.
- This field assists with birth matching and locating patient records.

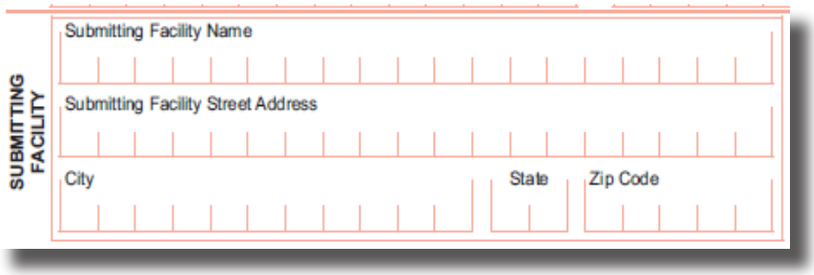
Primary Care Provider's Last and First Name:

- The primary care provider is the provider responsible for infant's follow-up after discharge.
- If the primary care provider is the same as the Ordering Health Care Provider, check the box "Check if same as above."
- If the primary care provider is different from the Ordering Health care provider, record the name of the primary care provider, using last name followed by first name.
- If the provider is not known at the time of specimen collection, be sure to write down the name of the clinic where the guardian plans to take the newborn for his or her first well child check.
- Do not write the name of the provider who completed rounds on the newborn in the hospital.
- Correctly recording this information is critical. The Newborn Screening Program needs the name of the primary care provider to make sure follow-up of abnormal results is completed.

Primary Care Provider's Phone Number:

- Provide the phone number (including area code) for the infant's primary care provider.
- This information is used to contact the provider with abnormal test results and follow-up information.

HEALTH CARE PROVIDER INFORMATION



Submitting Facility's Name:

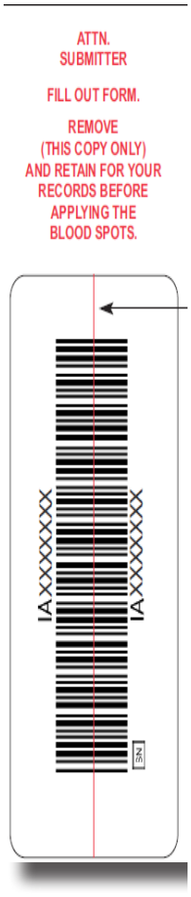
- Apply the pre-printed labels supplied by the State Hygienic Laboratory with the collection forms.
- Record the name of the hospital, clinic or midwife who collected the specimen.
- If Organizational labels are not available please complete the fields as such.

Submitting Facility's Street Address:

- Write the street address of the submitting facility (vital because many institutions have the same name and/or are part of a larger affiliation).
- Write the city, state and zip code.

IA Barcode Sticker:

- Place the unique IA barcode number (sticker) from the card on the worksheet for completing the birth certificate.
- It is important that all collectors performing newborn screening apply the sticker/label from the dried blood spot card to the certifier's worksheet to decrease any transcription errors.
- The entry of the IA barcode number on the certifier worksheet is a critical step in assuring each infant born in South Dakota has a newborn screening test completed.



Do not place stickers/labels or write in the lower right-hand side of the card in the area that says "FOR SHL USE ONLY"

- Verify that the label matches your facility name and address.
- Do not share forms or labels with other facilities as this can lead to results being sent to wrong organizations.
- Organiztion patient labels may be placed in the box designated for HL7 labels on the form.
- The submitter information provided is used for result reporting purposes as well as billing. Provide accurate and complete information.
- The box **"For SHL Use Only"** is used by the newborn screening lab. Do not write or apply stickers/labels in this area.

SUBMITTER INFORMATION