

State Hygienic Laboratory

Newborn Screening Dried Bloodspot Collection Form- 7 spot card

November 11, 2025

Current Newborn Screening Card

South Dakota		South Dakota Newborn Screening Program Form	
INFANT	<input type="checkbox"/> Initial Screen <input type="checkbox"/> Repeat Screen	Collection Date Year Month Day	Collection Time (24 hour clock)
	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 <input type="checkbox"/> M <input type="checkbox"/> F
	City	State	Zip Code
	Infant's Street Address	Apartment	
	If multiple A,B...etc	Gestational Age at Birth	Feeding Method (Check all that apply) <input type="checkbox"/> Breast Milk <input type="checkbox"/> Formula <input type="checkbox"/> TPN <input type="checkbox"/> None of the above
	Current Weight (g)	Transfused Before Collection Any Blood Products <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date of Last Transfusion Year Month Day
	<input type="checkbox"/> Check if Infant is in NICU	<input type="checkbox"/> Check if Infant has Meconium Ileus	
GUARDIAN	<input type="checkbox"/> Guardian Mother <input type="checkbox"/> Other Please Specify	Guardian's Last Name	Guardian's First Name
	Guardian's Birth Date Year Month Day	Guardian's Gender <input type="checkbox"/> M <input type="checkbox"/> F	Guardian's Phone Number
	Birth Mother's Maiden Name		
HEALTH CARE PROVIDER	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
SUBMITTING FACILITY	Submitting Facility's Name		
	Submitting Facility's Street Address		
	City	State	Zip Code
DO NOT WRITE IN THIS SPACE			
Expiration Date 2029-05-31		Revvity™ 226 2029-05-31 Ahtatom 116265 / 30570008	

IA2081901

IA2081901

INSP USE ONLY










Completely Fill All Circles With Blood

ALLOW TO AIR DRY FOR AT LEAST 3 HOURS

DO NOT HEAT

IOWA

IOWA

		
IAXXXXXXX		IAXXXXXXX
Completely Fill All Circles With Blood ALLOW TO AIR DRY FOR AT LEAST 3 HOURS DO NOT HEAT		
LOT XXXXXXX WXXX	YYYY-MM-DD	INSP USE ONLY
<div>903™</div> <div></div> <div></div>		

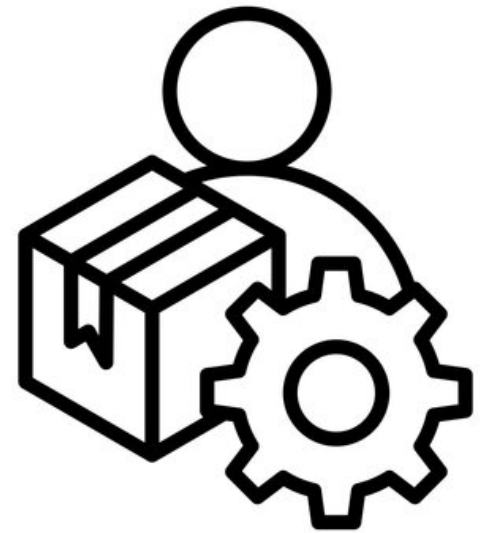
1. New Vendor
2. Increasing collection card blood requirements from 5 spots to 7.
3. Will be adding Race and Ethnicity check boxes
4. Updated language on the instructions on the back of the form.

- **Why Now?**

- Increased conditions added to the panel increases the need for blood
- Will be adding Race and Ethnicity to better track and serve underserved populations.
- Aiming to help lower poor-quality rate.

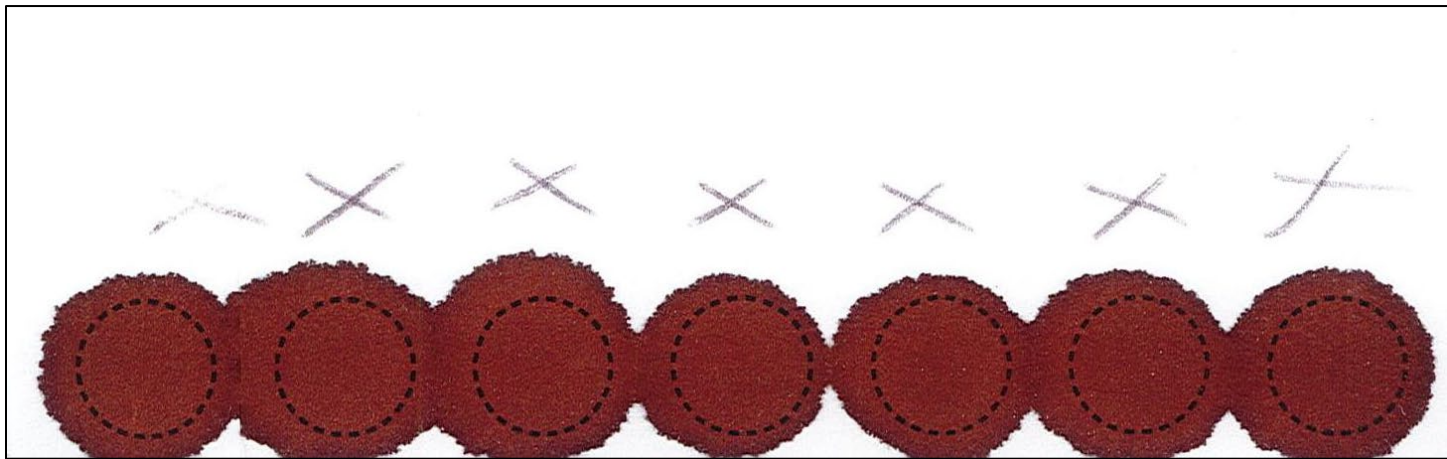
New manufacturing vendor

- A new vendor been selected as the new manufacturing vendor for the collection card.
- The previous vendor's card was frequently having longer absorption times for blood to soak through the card efficiently. We are hoping to see the average absorption time for each lot stabilize at a lower rate allowing for easier collection.



Why Staggered bloodspots?

- Iowa piloted the 7 spots cards designed in a straight line in early 2025 and saw an increased number of bloodspots all running into each other and being deemed unsatisfactory for layering



7 spots are the Future

- South Carolina & Illinois have already adopted a 7spot card to complete their NBS panel.
- South Carolina saw a 42% decrease in the hospitals unsatisfactory rates when they launched their 7-spot card in April of 2023

ILLINOIS DPH NEWBORN SCREENING
Public Health Laboratory
2121 W. Taylor St., Chicago, IL 60612

DO NOT WRITE IN THIS SPACE

BABY'S INFORMATION
GENDER: ☐ M ☐ F ☐ UNK
RACE OF BABY: ☐ White ☐ Black ☐ Non-Hispanic
☐ Native Amer. ☐ UNK ☐ Hispanic
☐ Asian/Pacific Is. ☐ UNK ☐ HOMBIRTH

ETHNICITY OF BABY: ☐ INITIAL ☐ RETEST ☐ HOMBIRTH

BIRTH DATE: MM/DD/YY TIME OF BIRTH: HH:MM
FEEDING: ☐ BREAST ☐ SOY ☐ TPN ☐ CHARTERED
SPECIMEN DATE OF COLLECTION: MM/DD/YY TIME OF COLLECTION: HH:MM
TRANSFUSED DATE: MM/DD/YY ☐ HCU / SPECIAL CARE ☐ ANTIBIOTIC ☐ BMT
OTHER: ☐ OTHER

MOTHER'S INFORMATION
SSN: - - - - -
DOB: / /
PHONE: () - - - - -

BIRTH WEIGHT (grams): GESTATIONAL AGE: WEEKS BIRTH # & ORDER: COLLECTOR: ☐ SINGLE BIRTH ☐ MULTIPLE

BABY'S PHYSICIAN NAME & PHONE NUMBER: () - - - - -
HOSP SUBMITTER: CITY: ID:

ILW061520

Do Not Use If Damaged. Do Not Fold Filter Paper. Acheson 208 101250 2018-10

SATURATE ALL CIRCLES WITH BABY'S BLOOD

dhc NEWBORN SCREENING
SC DEPT. OF HEALTH AND ENVIRONMENTAL CONTROL
403 PARKLANE ROAD, COLUMBIA, SC 29223
803-896-0814

Use By 2028-01-31

APPLY BLOOD TO ONE SIDE OF CARD
ONE LARGE DROP PER CIRCLE

LAB COPY

BABY'S LAST NAME: BABY'S FIRST NAME: DATE OF BIRTH: TIME OF BIRTH:
MOTHER'S LAST NAME: MOTHER'S FIRST NAME: DATE OF COLLECTION: TIME OF COLLECTION:
MOTHER'S ADDRESS: CITY: COLLECTOR ID / INITIALS:
STATE: COUNTY: ZIP CODE: PARENT(S) / GUARDIAN'S PHONE NO.: SEX: ☐ M ☐ F ☐ UNK RACE: ☐ 1 White ☐ 2 AF Amer ☐ 3 Asian ☐ 4 Other
BIRTH WEIGHT IN GRAMS: PRESENT WEIGHT IN GRAMS: MULTIPLE BIRTHS: ☐ YES ☐ NO
MEDICAL RECORD NO: HOSPITAL (SPECIMEN) SUBMITTER NO.: LAST TRANSFUSION DATE: TIME:
BABY'S PHYSICIAN: HOSPITAL NAME: SUBMITTER NAME: FEEDING: ☐ BREAST ☐ LACTOSE ☐ TPN ☐ NPO
STREET ADDRESS: STREET ADDRESS: CITY STATE: ZIP: GESTATIONAL AGE: WKS

dhc LAB USE ONLY

dhc LAB USE ONLY

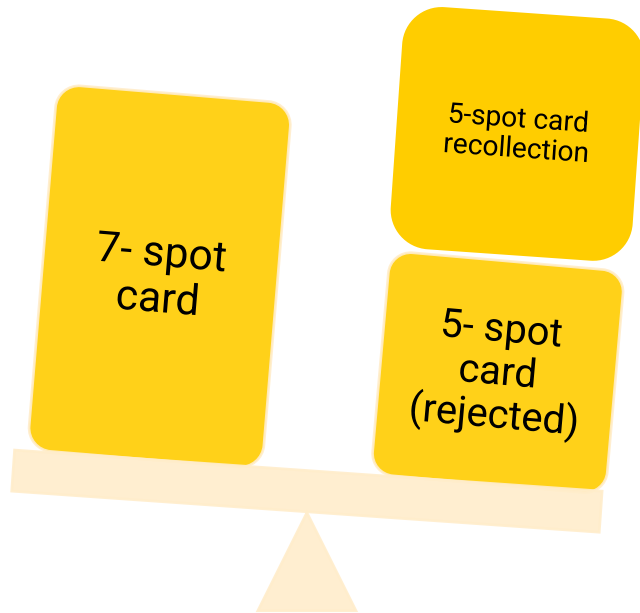
dhc 1307 (1/2021)

Are all 7 spots required?

- Results that flag as a borderline or presumptive positive testing are be repeated in duplicate.
- Some tests have second and third tier testing that requires us to send a whole bloodspot to an external lab for confirmation.
- Instrument malfunctions or other errors can require retesting .
- Lot qualifications require comparison to previously run samples.
- More disorders are continually being added to the newborn screening panel requiring us to use more blood than ever to complete the testing.



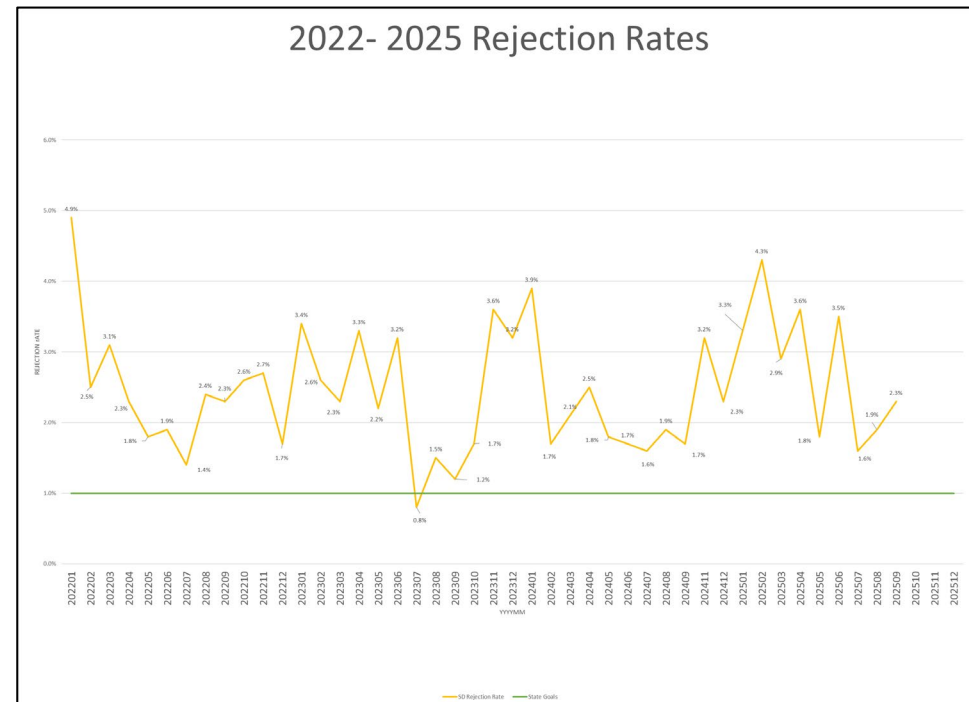
More is Less



- With the use of more blood to complete the testing panel due to the expansion of disorders screened, means there is less room for error in bloodspot quality. Many children must have at least one repeat screen drawn to obtain valid test results.
- A complete valid 7 spot collection card will require less blood than a 5-spot collection card that is deemed unsatisfactory and requires a recollection of another 5-spot card

Poor-Quality Rates

- Poor Quality rates have been elevated for some time due to a number of reasons including:
- Additional need for bloodspots for new disorders
- Collection cards with an increased absorption time
- Pandemic
- Turnover of staffing at facilities
- Turnover of staff at testing lab





Underserved Populations

- South Dakota did not previously collect any information on race or ethnicity on the bloodspot collection cards.
- We cannot adjust for what we do not know.
- We are including race and ethnicity in our new card design to help the newborn screening program review population trends and adjust to better provide equitable care for all infants.

Please Ask the Guardian!

Infant's Race (Check all that apply)				Infant's Ethnicity	
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Unknown/Other			<input type="checkbox"/> Non Hispanic	

Babies' gender and ethnicity may not match their physical appearance or that of the guardians. Please ask the guardian what race and ethnicity should be marked.

More than one selection can be made for race.

When will these cards begin shipping?



- Based on current Inventory we anticipate these cards will begin being shipped to locations in Spring of 2026
- Exact date and more details to follow as current inventory of 5 spot cards are depleted.
- **Reminder:** Please try to keep a minimum of 2 months supply of cards at your location.

FAQs

- What if the first puncture site quits bleeding before all 7 spots can be completed?
 - A second puncture can be made on the other side of the heel of the other foot. Do not puncture a site more than once.
- Do preemie babies also need to complete all 7 spots?
 - Always attempt to fill in the card as completely as possible. If we have sufficient blood to complete initial testing, the screen will not be deemed as poor quality.
- Does the blood spot circle in the perforated section need special treatment?
 - NO. This perforation is for internal lab testing when we have to send for confirmatory testing.
- Can blood be put outside of the pre-printed circles?
 - Yes. If you need to put a blood spot outside of the pre-printed circles, you may do so. Blood spots should not run into another spot

It's not just a form...It's a baby

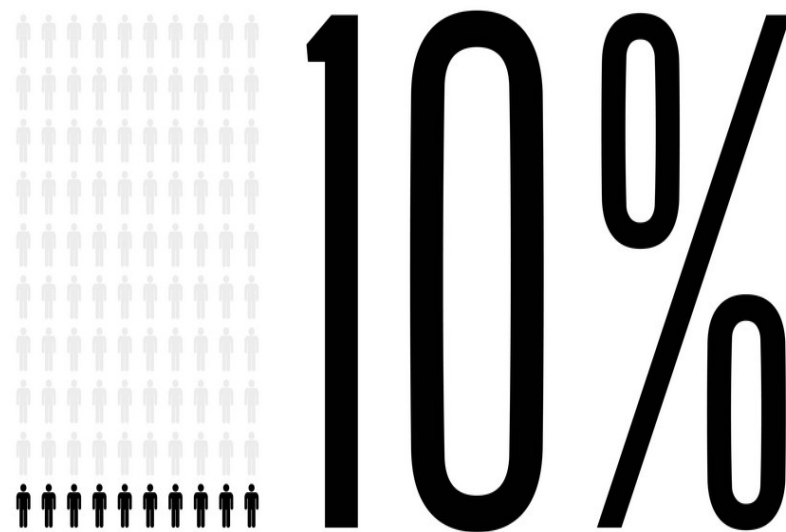
- Filling out the newborn screening form...
 - ✓ Accurately
 - ✓ Completely
 - ✓ LegiblyCould be a matter of life and death
- Inaccurate or missing information may adversely affect screening results and/or the ability to quickly contact the infant's care provider in the event of an abnormal screening result.
- *Any delay may put the child's health at risk.*
- The specimen submitter is legally responsible for the accuracy and completeness of the information on the newborn screening card.



Remember to remove 2nd ply for facility's records.

Impact of Missing or Incorrect Information

- In 2022, 10.2% of all screens submitted to SHL were sent a quality fax requiring further action for at least one of the following reasons:
- Confirmation of collection prior to 24 hours
- Missing or unreadable critical information
- Notification of Unsatisfactory Screen



Missing Information & Quality Faxes Takes Everyone's time



NBS Lab Staff

- **Delay Reporting some methods until all others are completed to allow for faxing and corrections to occur**
- Accession additional repeat screens

Client Services

- Client Service staff send out daily faxes for missing information and unsatisfactory notifications.
- Call any Organization without a valid Fax machine to obtain information
- Monitor inbox and Make Corrections to babies records from returned faxes
- Prepare Unsatisfactory Image files to send to Submitting Organization
- Issue Corrected Reports if corrections are made after results are released.

Submitting Organization

- Receive Fax
- Look Up correct information
- Fax Back Corrected information to NBS program
- Contact Parents of necessary recollection if screen was unsatisfactory
- Collect Repeat Screen if required

Parents

- Bring Baby in for recollection if screen was unsatisfactory

Contact Information

- Data entry questions or corrections:
 - State Hygienic Laboratory at 515-725-1630
- To order forms or collection supplies:

The new 7-spot cards are not sent automatically. They will be provided upon submission of an inventory request. Existing 5-spot cards may continue to be used until the current supply is exhausted.

 - State Hygienic Laboratory at 515-725-1630
- Web portal or IT problems:
 - 319-335-4358
 - SHL-WebPortalSupport@uiowa.edu
- Follow-up recommendations or refusals:
 - NBS Follow-up clinical staff at 319-384-5097

State Hygienic Laboratory

→ <https://www.shl.uiowa.edu/screening/index.xml>