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State Hygienic Laboratory

Newborn Screening Dried Bloodspot Collection Form- 7 spot card

November 11, 2025

Current Newborn Screening Card

South Dakota

Expiration Date 2029-05-31

Submitting Facility SN

South Dakota Newborn Screening Program Form

Collection Date
Year Month Day Collection Time
(24 hour clock) Collected 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 None of the above

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

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

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's Name DO NOT WRITE IN THIS SPACE
Submitting Facility's Street Address
City State Zip Code

INSP USE ONLY

Rev# 226 2029-05-31 116265 / 30570008 Ahstrom LOT

Barcode: A2081901

Barcode: SN

Instructions: Completely Fill All Circles With Blood
ALLOW TO AIR DRY FOR AT LEAST 3 HOURS
DO NOT HEAT

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Newly Designed Newborn Screening Card

South Dakota Newborn Screening Program Form

903™ Submitting Facility	LOT XXXXXX WXXX	Collection Date Year Month Day	Collection Time (24 hour clock)	Collector Initials	Infant's Medical Record #
INFANT	Initial Screen Repeat Screen Mother's Screen	Infant's Last Name	Infant's First Name	YYYY-MM-DD IAXXXXXXX	
	Infant's Birth Date Year Month Day	Infant's Birth Time (24 hour clock)	Infant's Sex <input type="checkbox"/> M <input type="checkbox"/> F	Infant's Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown/Other	Infant's Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
	Infant's Street Address	City		State	Zip Code
REF Rev.AC	Birth Order If multiple A, B, ...etc	Gestational Age at Birth (Whole Weeks)	Current Weight (grams)	Feeding Method (Check all that apply) Transfused Before Collection ANY Blood Products	If Applicable, 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
South Dakota ID	Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Other Please Specify	Guardian Last Name	Guardian Birth Date Year Month Day	Guardian Sex <input type="checkbox"/> M <input type="checkbox"/> F	Guardian First Name
HEALTH CARE PROVIDERS	Birth Mother's Maiden Name	Guardian Phone Number	Ordering Health Care Provider's Last Name	Ordering Health Care Provider's First Name	Ordering Health Care Provider's Phone Number
	Ordering Health Care Provider's NPI	Facility of Birth (Name, City, State)	<input type="checkbox"/> Check if same as above - Primary Care Provider's Last Name	Primary Care Provider's First Name	Primary Care Provider's Phone Number
	Submitting Facility Name	Submitting Facility Street Address	DO NOT WRITE IN THIS SPACE		
	City	State	Zip Code	SN	

INSP USE ONLY

Completely Fill All Circles With Blood
ALLOW TO AIR DRY FOR AT LEAST 3 HOURS
DO NOT HEAT

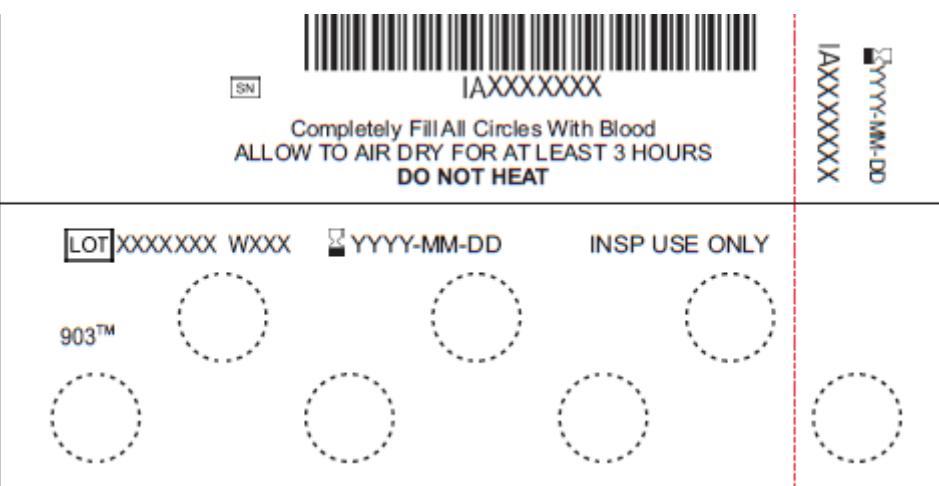
903™
Expiration Date
□ YYYY-MM-DD

903™
LOT
XXXXXX WXXX

903™

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What are the changes?



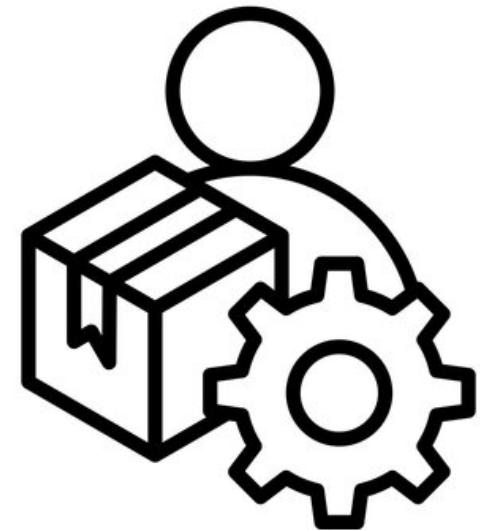
1. New Vendor
2. Increasing collection card blood requirements from 5 spots to 7.
3. Will be adding Race and Ethnicity check boxes
4. Updated language on the instructions on the back of the form.

• 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.

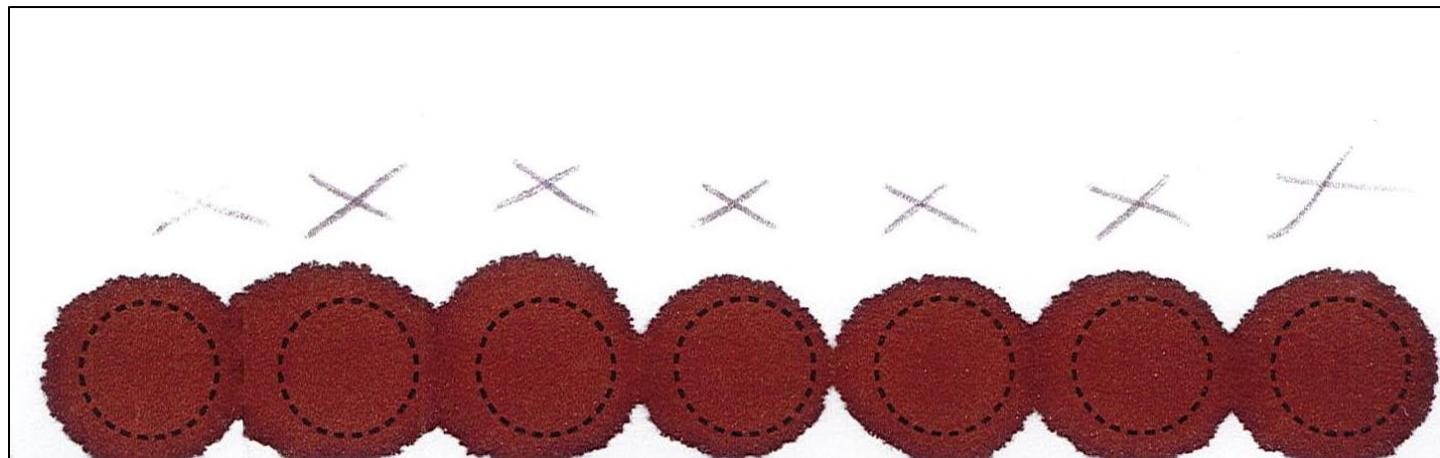
New manufacturing vendor

- 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.



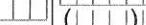
Why Staggered bloodspots?

- 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 OPH NEWBORN SCREENING	
Public Health Laboratory	
2121 W. Taylor St., Chicago, IL 60612	
BABY'S INFORMATION	
CHART NUMBER <input type="text"/>	
MOTHER'S INFORMATION	
SSN <input type="text"/> - <input type="text"/> - <input type="text"/>	
DOB <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>	
PHONE <input type="text"/> (<input type="text"/>) <input type="text"/> - <input type="text"/>	
DO NOT WRITE IN THIS SPACE	
FEEDING <input type="checkbox"/> BREAST <input type="checkbox"/> BOTTLE <input type="checkbox"/> SOY <input type="checkbox"/> TPN <input type="checkbox"/> CARNITINE <input type="checkbox"/> NPSC <input type="checkbox"/> OTHER	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Amer. <input type="checkbox"/> OAK <input type="checkbox"/> Hispanic <input type="checkbox"/> UNK <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> UNK	
RACE OF BABY <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Amer. <input type="checkbox"/> OAK <input type="checkbox"/> Hispanic <input type="checkbox"/> UNK <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> UNK	
ETHNICITY OF BABY <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> UNK <input type="checkbox"/> UNKNOWN	
BIRTH DATE <input type="text"/> / <input type="text"/> / <input type="text"/> TIME OF BIRTH (M:HH:MM) <input type="text"/> : <input type="text"/> : <input type="text"/> MM / DD / YY MM : HH : MM	
SPECIMEN DATE OF COLLECTION <input type="text"/> / <input type="text"/> / <input type="text"/> TIME OF COLLECTION (M:HH:MM) <input type="text"/> : <input type="text"/> : <input type="text"/> MM / DD / YY MM : HH : MM	
TRANSFUSED DATE <input type="text"/> / <input type="text"/> / <input type="text"/> NICU SPECIAL CARE <input type="checkbox"/> MM / DD / YY ANTIBIOTIC <input type="checkbox"/> ERT <input type="checkbox"/>	
BIRTH WEIGHT (grams) <input type="text"/> GESTATIONAL AGE <input type="text"/> BIRTH & ORDER <input type="checkbox"/> 1ST MM / DD / YY COLLECTOR <input type="text"/> <input type="checkbox"/> PRETERM <input type="checkbox"/> TERM <input type="checkbox"/> POSTTERM <input type="checkbox"/> MULTIPLE <input type="checkbox"/> (1,2,3)	
BABY'S PHYSICIAN NAME & PHONE NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>	
HOSP <input type="text"/> SUBMITTER <input type="text"/> CITY <input type="text"/> ID <input type="text"/>	
ILW0081520% 	
Do Not Use If Damaged Do Not Touch Filter Paper ILW 0081520 2013-14	
SATURATE ALL CIRCLES WITH BABY'S BLOOD	

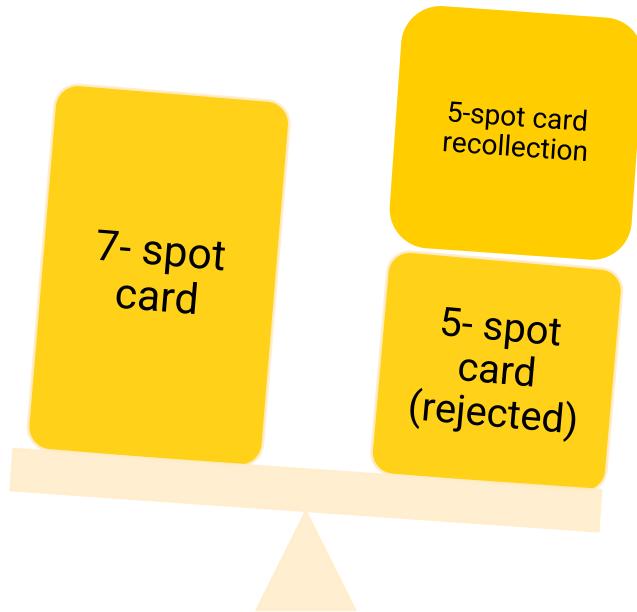
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Are all 7 spots required?

- 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.



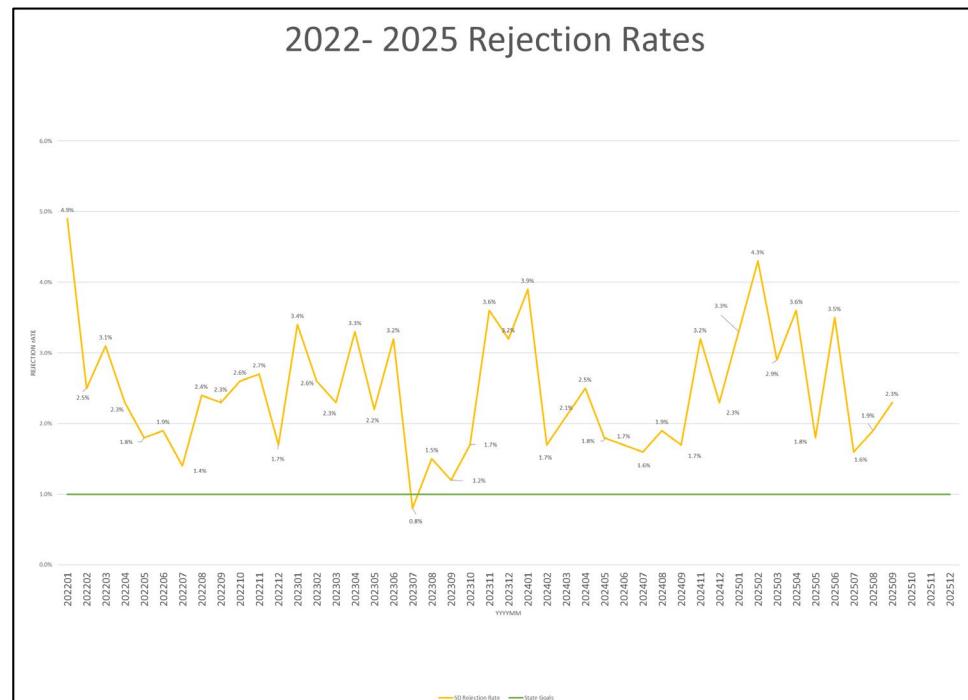
More is Less



- 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)

White Black Asian American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander Unknown/Other

Infant's Ethnicity

Hispanic
 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 of current Inventory we anticipate these card 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.

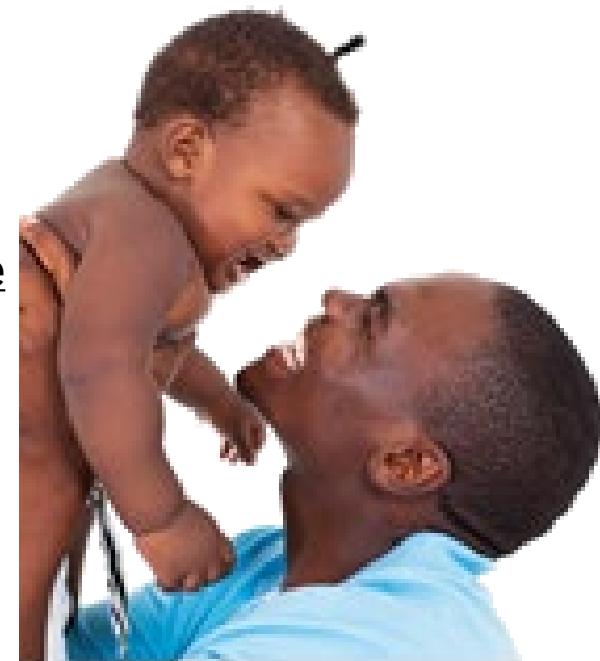
FAQs

- **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
 - ✓ Legibly

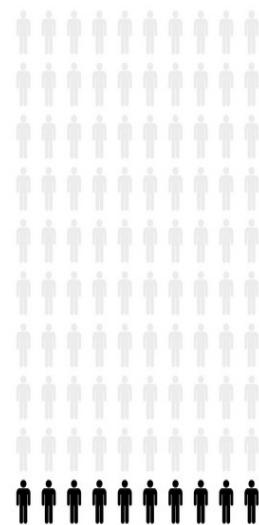
Could be a matter of life and death
- Inaccurate or missing information may adversely affect screening results and/or the ability to quickly contact the infant's care provider in the event of an abnormal screening result.
- *Any delay may put the child's health at risk.*
- The specimen submitter is legally 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



10%

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

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