

## Newborn Screening Specimen Collection Form Guidelines

### \*This is a legal document\*

Please complete all demographic data using a black ball point pen and print legibly. This information is vital for interpretation of newborn screening results and for identification of infants for follow-up of abnormal results.

First and last name need to match Cerner label


Only use: BYB, BYG, BYU before name to identify gender

Submitter name/ID: **BUMCT**

Ordering physician so they can receive potential positive results

Add KIT number when ordering in Cerner

Baby  
MRN



**1st SPECIMEN** Date / Time Stamp  
**DO NOT WRITE IN THIS SPACE**

Accession Number: **AZ261086162**

Baby's Last Name: **222BUMCT** Submitter / Physician Information: **AZ261086162**

Baby's First Name: **BYG Jane** Submitter Name/ID: **BUMCT**

Date of Birth: **05/20/2015** Time of Birth: **0100** Birth Weight: **3620** Grams Sex: ☒ M ☐ F

Date of Collection: **05/21/2015** Time of Collection: **0100** Current Weight: **3630** Grams

MR #: **12345678** Gestational Age at birth: **40** Weeks **0** Days

☒ Single Birth ☐ Multiple Birth (circle one) A B C D E F G H

Race: ☒ White ☐ African Amer. ☐ Asian ☐ Amer. Indian ☐ Other ☐ Hispanic ☒ TPN ☐ Never Fed

Food Source: ☒ Breast Only ☐ Milk / Lactose Formula ☐ Soy Formula ☐ Breast & Lactose ☐ Breast & Soy

Status: ☒ Meconium ☐ In NICU/Special Care Nursery ☐ RBC Transfusion before collection ☐ (YES) Date FIRST transfused

Pulse Oximetry FINAL Screen Results: ☒ Pass (passed on attempt) ☐ Not screened ☐ Parental Refused ☐ Parental Cardiac Diagnosis

Reason (choose one): ☐ Monitored/NICU/SO ☐ Other

Birth Person Information: Last Name: **222BUMCT** First Name: **Jane** DOB: **11/30/1980** Maiden Name: **if applicable**

Parent/Guardian is different than birth person: ☐

Name of parent/guardian: **1425 N Sunshine Rd** Street Address of Baby: **TULSON, ARIZONA, 85714** City, State, Zip: **(520) 999-9999** Phone # for follow-up care: ☐ Parent refused Bloodspot Testing. NBS education provided.

Cerner label should match information written on NGS card (MRN, spelling of name)



RT/RT 12345678 21MAY25 0100  
222BUMCT, BYG JANE  
02 PEDS - 1 D F 20MAY25  
02-25-141-03141 NGS SO STATE  
NGS CARD 1.00HL

### Common Errors:

- Handwriting not legible
- Wrong/missing MRN (needs to be Babys' MRN)
- Last, first name incomplete/misspelled
- Improperly identifying twins, triplets
- Missing birth weight
- Race, food source, status boxes not filled out
- Birth person information: missing moms' name and using moms middle name as first name