

INSTRUCTIONS FOR COMPLETING INFORMATION ON THE NEWBORN SCREENING SPECIMEN COLLECTION KIT

When using the linked (double) kits, collect the first specimen with the top kit marked “1” and place the bottom kit marked “2” in the bright pink envelope and give it to the mother to take with her to the first doctor’s appointment after discharge. Collect the second specimen with the kit marked “2”.

When using the supplemental (single) kit, please mark the type of specimen in the appropriate box above the Baby’s Name fields. If the specimen being collected is a repeat (after an abnormal result on a second screen), check the box marked “recall” and write in which disorder is being retested. These repeat specimens will test only the disorder(s) marked on the form.

Enter the information requested for each field:

- 1 Baby’s Name (Last, First) Enter the last name of the infant. This may not always be the same as the last name of the mother (or the father). Use the birth record or birth certificate name, if known. Enter the baby’s first name, if known. If the first name is not known, enter Boy or Girl. In the case of multiple births, please enter name and birth order designation (eg. Boy Twin A, Mary Trip B, John Quad C, etc.)
- 2 Date of Birth Enter the infant’s date of birth, in “mm/dd/yy” format. For example, June 13, 2009 should be entered as “06/13/09.”
- 3 Time of Birth Enter the infant’s time of birth, using military time or noting am/pm. For example, if the time of birth is 7:25 am, it would be entered as “0725” or “7:25” with am circled. If the time of birth is 8:15 pm it would be entered as “2015” or “8:15” with pm circled.
- 4 Birth Weight Enter the infant’s birth weight in grams. If the birth weight cannot be obtained in grams, you may provide pounds and ounces, but clearly mark the form by circling “Lb/oz”.
- 5 Date of Collection Enter the calendar date on which the specimen was taken, in “mm/dd/yy” format.
- 6 Time of Collection Enter the time at which the specimen was collected, using military time or noting am/pm.
- 7 Current Weight Enter the infant’s weight in grams. If the current weight cannot be obtained in grams, you may provide pounds and ounces, but clearly mark the form by circling “Lb/oz”.
- 8 Sex Mark the appropriate box to indicate the infant’s gender.
- 9 Method of Collection Mark the box that states how the specimen was collected.
- 10 Baby’s AHCCCS # Enter the baby’s AHCCCS ID number if it is known. If the infant’s AHCCCS ID # is not known, leave this space blank, but enter the mother’s ID # (if she is enrolled in AHCCCS) in the Mom’s AHCCCS # field under Mother’s Information.
- 11 Medical Record # Enter the infant’s medical record number.
- 12 Single or Multiple Birth Mark the appropriate box, and circle the appropriate birth order (A, B, C, D) or enter the appropriate letter for multiple births. Write which multiple (twin, trip, quad, etc.).
- 13 Race Mark the box that identifies the infant’s racial group. If unknown, mark the box that identifies the mother’s racial group.

- 14 Hispanic Mark the box that indicates whether the infant is of Hispanic origin.
- 15 Food Source Mark the box that identifies the infant's source of nutrition (breast milk only, milk formula only, soy formula only, breast milk supplemented with milk-based formula, breast milk supplemented with soy-based formula, total parenteral nutrition (TPN) or no enteral feeding (NPO).
- 16 Status Mark the box that best represents the status of the infant at the time of collection for each situation or condition listed.
- 17 Date Last Transfused If the infant was transfused, enter the date of the latest transfusion. This information is needed to determine if the tests for some disorders are valid.
- 18 Accession Number **FOR LAB USE ONLY. DO NOT WRITE OR PLACE STICKERS IN THIS AREA.**
- 19 Submitter Name/ID Enter the name of the agency/entity submitting the specimen for testing and the unique submitter ID code for that submitter. (If you do not have a submitter ID, call the Newborn Screening Demographic Entry Section at (602) 364-1468)
- 20 Submitter Address Enter the mailing address of the submitter (can be omitted if the submitter ID is entered above).
- 21 Physician's Name (Last, First) Enter the physician's last name and first name. This is the physician who will receive a copy of the test results and whose ID should be listed next. the health care provider responsible for the management of medical services provide to the infant.
- 22 Phone Enter the physician ID of the infant's pediatrician. If the infant's pediatrician is not known, or the mother has not chosen a pediatrician for the infant yet, enter the attending practitioner of record. This is the physician who will receive information about test results. (If the practitioner does not have an ID, please contact the Newborn Screening Data Entry Section at (602) 542-1187.)
- 23 Physician's Address Enter the street address of the physician named above. This is the mailing address where a copy of the test results will be mailed.
- 24 City, State, Zip Please see #23 above. Enter the city, state and zip code of the physician.
- 25 Mom's Name (Last, First) Enter the mother's last and first names from the medical record. If the mother does not have physical custody of the infant, enter the name of the person who has custody. See the note below*.
- 26 Mom's Date of Birth Enter the mother's birth date in "mm/dd/yy" format.
- 27 Maiden Name Enter the mother's maiden name (name before her first marriage).
- 28 Street Address Enter the mother's address (or mailing address). If the mother does not have physical custody of the infant, enter the address of the person who has custody. See the note below*.
- 29 City, State, Zip Enter the city, state and zip code of the mother's address, even if the mother does not reside in Arizona. If the mother does not have physical custody of the infant, enter the city, state and zip code of the person who has custody. See the note below*.
- 30 Phone Enter the mother's telephone number, including the area code. If the mother does not have physical custody of the infant, enter the phone number of the

person who has custody. See the note below*.

- 31 Message Phone Enter a number where the mother can be reached if not at her own phone or if the mother does not have a working phone number of her own, enter a number where the mother can be contacted (friend, relative, neighbor, etc.). This is important so the mother can be reached if there are abnormal results.
- 32 Mom's AHCCCS # Enter the mother's AHCCCS # if the mother is enrolled in AHCCCS.
- 33 Parent Refused Testing Mark the box if the parent refuses to have the infant screened. Parents should have been informed about the consequences of not screening their infant and their refusal should be documented in the infant's medical record. Most providers will have the parents sign a refusal form that is retained in the infant's medical record. For a sample form, see [Parent Refusal Form](#). The completed newborn screening kit without blood should be submitted to the State Lab.

*If the infant's mother does not have physical custody of the infant, enter the name, address and phone number of the person who has custody.

In the case of a baby in foster care, enter the CPS caseworker's contact information and note that this is foster care. If the caseworker's contact information is not available, enter the foster mother's name, address and phone number and note that this is foster care..

In cases of adoption, enter the information for the adoptive mother if the baby has been placed in her care. Otherwise, enter the adoption agency caseworker information and note that this is an adoption. It is extremely important to list contact information for someone who can be reached and who will be able to assume responsibility for follow-up, if necessary.