

THE NEWBORN SCREENING LAB FORM #228, REQUIRES VERTICAL STORAGE IN A COOL, DRY PLACE. DO NOT STORE IN PLASTIC BAGS.

Form available from DLS

Front

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SEE DIRECTIONS ON BACK. PLEASE PRINT CLEARLY OR USE PREPRINTED LABELS.

<p>KY EXPANDED NEWBORN SCREENING PROGRAM Clinical for Public Health Services - Laboratory Services 501 State Blvd, Suite 204 Frankfort, KY 40601 Tel # 502-564-4445 ext 4433 Fax # 502-564-2005 or 2413</p>		<p>MOYER'S INFORMATION</p> <p>First Name _____ Last Name _____ Social Security Number _____ County of Residence _____ Street Address (PO Box) _____ City _____ State _____ Zip Code _____</p> <p>Mother's Phone Number _____ Alternate Phone Number _____ Home's e-mail address _____</p>	
<p>PHYSICIAN INFORMATION</p> <p>Submitter's ID # _____ Phone # _____ Facility Name _____ Address _____ City _____ State _____ Zip Code _____</p> <p>Licenses # _____ Name _____ Street Address (PO Box) _____ City _____ State _____ Zip Code _____</p>		<p>CHILD'S INFORMATION</p> <p>First Name _____ Last Name _____ DOB: _____ Time _____ Gestational Age _____ <input type="checkbox"/> Single Birth <input type="checkbox"/> Multiple Birth <input type="checkbox"/> TWANNO <input type="checkbox"/> Amniotic <input type="checkbox"/> Miscarriage loss <input type="checkbox"/> Transferred - Last Date _____ <input type="checkbox"/> Baby still in NICU <input type="checkbox"/> Home Birth <input type="checkbox"/> Adopted/Foster Care _____ Birth Weight in grams or lbs & oz _____</p>	
<p>SUBMITTER INFORMATION</p> <p>Collector Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Mobile <input type="checkbox"/> Home Dept <input type="checkbox"/> Other _____ Specimen Type <input type="checkbox"/> Initial Screen <input type="checkbox"/> Repeat: <input type="checkbox"/> BPO <input type="checkbox"/> CCH <input type="checkbox"/> TATSH <input type="checkbox"/> OF <input type="checkbox"/> DAI <input type="checkbox"/> Heme <input type="checkbox"/> AA, FOL, DM <input type="checkbox"/> All Tests Was Previous Specimen Unsuccessful or Sub-optimal? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Collected _____ Time _____ Collector _____</p>		<p>PHYSICIAN INFORMATION</p> <p>Collector Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Mobile <input type="checkbox"/> Home Dept <input type="checkbox"/> Other _____ Specimen Type <input type="checkbox"/> Initial Screen <input type="checkbox"/> Repeat: <input type="checkbox"/> BPO <input type="checkbox"/> CCH <input type="checkbox"/> TATSH <input type="checkbox"/> OF <input type="checkbox"/> DAI <input type="checkbox"/> Heme <input type="checkbox"/> AA, FOL, DM <input type="checkbox"/> All Tests Was Previous Specimen Unsuccessful or Sub-optimal? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Collected _____ Time _____ Collector _____</p>	

KY EXPANDED NEWBORN SCREENING PROGRAM
 DEPT FOR PUBLIC HEALTH/LABORATORY SERVICES
 P.O. BOX 2010 FRANKFORT, KY 40602
 Tel.# (502) 564-4446 Ext. 4433

- Obtain a specimen from each infant between 24-48 hours of age, but before the infant leaves the hospital. Repeat screening is required for infants who receive transfusions. Specific requirements for repeat screening are included in 902 KAR 4:030.
- It is recommended that specimens be collected prior to blood transfusion. The hemoglobinopathy test will be valid at this time.
- All infants tested before 24 hours of life MUST be retested prior to reaching 48 hours of age for all tests.

INSTRUCTIONS FOR SPECIMEN COLLECTION

- DO NOT DETACH FILTER PAPER FROM FORM. DO NOT ALTER FORM.
- Cleanse the skin with an alcohol swab. Wipe off excess alcohol with dry sterile gauze.
- Puncture heel with sterile disposable lancet. Wipe away the first drop of blood with sterile gauze.
- Gently touch the filter paper against a large drop of blood. Blood spot should be large enough to soak through in ONE STEP. ALWAYS APPLY BLOOD TO ONE SIDE ONLY. NEVER APPLY ADDITIONAL BLOOD TO A FILLED CIRCLE.
- Do not allow to be contaminated with preservative (i.e. EDTA, Heparin).
- Allow blood specimen to AIR DRY THOROUGHLY, on level non-absorbent open surface, such as a plastic-coated test tube rack for at least 3 hours. DO NOT HEAT, STACK, OR ALLOW BLOOD SPOTS TO TOUCH OTHER SURFACES DURING DRYING.
- Fold over flap after specimen is dry.
- Use envelope large enough to accommodate form without folding.
- SPECIMENS MUST BE MAILED WITHIN 24 HOURS OF COLLECTION.
- List specific disorder(s) only and specify the test(s) if selective repeat testing is indicated.
- IT IS IMPERATIVE THAT ALL INFORMATION BE THOROUGHLY COMPLETED FOR ALL SPECIMENS SUBMITTED FOR TESTING.

GOOD THROUGH 2017-02-03

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