Newborn Screening Collection Guidelines

Always complete the specimen collection form using a black or blue ball point pen and print legibly to ensure that the patient is identified properly.
These forms are examples and may not be current. These forms expire 3-2020.

FORM A

SEE BACK OF FORM FOR SPECIMEN COLLECTION INSTRUCTIONS 2020-03-31

ALABAMA NEWBORN SCREENING PROGRAM

Alabama Department of Public Health
Bureau of Clinical Laboratories
8140 AUM Drive, PO Box 244018
Montgomery, AL 36124-4018
STATE LAB (334) 260-3400

Infant's Last Name | Infant's First Name | Medical Record # | Infant's Medicaid #

Date of Birth | Time of Birth (Military) | Birth Weight ______ (gms) (Current WT. if > 1 mth.) | Multiple Birth Order ______ | Weeks Gestation ______

Date of Collection | Time of Collection (Military) | ☐ Male ☐ Female ☐ TPN | Last Transfusion MM DD YY TIME

☐ Home Birth | Infant's Age | ☐ White ☐ Black ☐ Other ☐ Asian ☐ Hispanic | ☐ First Test ☐ Routine Second Test ☐ Retest - Prior Unsat ☐ Retest - Prior Abnormal (Requested by State)

Mother's Last Name | Mother's First Name | Mother's Social Security Number

Mailing Address | Mother's Phone Number | Mother's Medicaid Number

City | County | State | Zip

Ordering Physician (Last) (First) (MI) | **PULSE OXIMETRY SCREENING:** Age at screening ______ (hrs) ☐ Pass ☐ Fail ☐ Not Performed ☐ Refused ☐ Expired ☐ NICU ☐ On O2

NPI # | Notes

Referral Physician

SUBMITTER ADDRESS

AL ______ Zip

-Laboratory use only-
Do not write on or affix labels in this area

FORMS MUST BE FILLED OUT COMPLETELY IN BLUE OR BLACK INK - PRINT LEGIBLY

SN 550004

INSURANCE INFORMATION - Complete Form (Instructions on Back) - DO NOT REMOVE

SPECIMEN SHOULD BE COMPLETELY DRY BEFORE COVERING

NO BLOOD ON FLAP

FLAP MUST REMAIN INTACT

FORM B

SEE BACK OF FORM FOR SPECIMEN COLLECTION INSTRUCTIONS 2020-03-31

ALABAMA NEWBORN SCREENING PROGRAM

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Mother's Last Name | Mother's First Name | Mother's Social Security Number

Mailing Address | Mother's Phone Number | Mother's Medicaid Number

City | County | State | Zip

Ordering Physician (Last) (First) (MI) | Notes

NPI #

Referral Physician

SUBMITTER ADDRESS

AL ______ Zip

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SN 775002

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FLAP MUST REMAIN INTACT