



Indiana State Department of Health
Genomics and Newborn Screening Program
NBS CARD: Last Quality Check

2020

PLEASE PRINT: Complete Entire Form

Multiple Birth: (A, B, C, etc.)

Infant's Last Name _____ First Name _____

Infant's Previous Last Name _____ Infant's Medical Record # _____

Infant's Birthdate: ____/____/____ Type of Feeding: Lactose NPO Breast Soy Lactose Free Hyperal (TPN)

Collection Date: ____/____/____ Time (Military): _____ Sex: Male Female

Mother's Full Name: Last _____ First _____ Initial _____

Mother's DOB: ____/____/____ Mother's Phone: _____

Address: _____ Number / Street _____ City / State / Zip _____

Hospital: _____ Submitting _____ Birth (if Different) _____

Infant's Physician: Last _____ First _____ Initial _____ Phone _____

Address: _____ Number / Street _____ City / State / Zip _____

Birthweight in grams: _____ Race: White Black American Indian Asian Other _____

Ethnicity: Hispanic Non-Hispanic Unknown _____

Status: 1. Normal 2. NICU (gest. age _____ wks.) 3. Meconium Ileus Yes No 4. Transfused Yes No Date of last RBC Transfusion: ____/____/____

BLOOD DRAWER ID _____ PREVIOUS REQUISITION # _____ Submitter Label _____

Initial Screen Prev. Abn _____ Repeat Screen Prev. QNS _____

NBS COPY

Newborn Lab Use Only

Hearing Screening Initial Rescreen

Final Screen Left	Final Screen Right
Date of Screen ____/____/____	Date of Screen ____/____/____
Results <input type="checkbox"/> Pass <input type="checkbox"/> Refer	Results <input type="checkbox"/> Pass <input type="checkbox"/> Refer

Risk Factors Yes No

Pulse Oximetry Screening

1st Reading Date ____ Time ____

Right Hand _____ Foot _____

Pass Did Not Pass

2nd Reading Date ____ Time ____

Right Hand _____ Foot _____

Pass Did Not Pass

3rd Reading Date ____ Time ____

Right Hand _____ Foot _____

Pass Did Not Pass

Echo Date ____/____/____

Normal Abnormal

SN LXXXXXX

Highlighted areas are required for the heel stick screening. Inaccurate or missing information will require the NBS Lab to call the submitter for corrected information prior to results, delaying early detection and intervention.

"Paperwork Incomplete": Missing information will be reflected on your facilities monthly report from the NBS Lab.

NBS Card and Heel Stick Collection Reminders for the Last Quality Check

- Meconium Ilius or transfusion indicated?
- Store NBS Cards upright/vertical to prevent compression of the filter paper.
 - Compressed filter paper can lead to uneven saturation of the blood spot.
- Always check the expiration date on the NBS Card prior to the heel stick.
- Let the blood spot dry horizontally.
 - If the blood spot dries vertically it can cause uneven saturation of the blood spot.
- Warm the heel for 3-5 minutes prior with a warm cloth or approved heel warming device to increase blood circulation.
- Elevate the newborns head to increase blood circulation.
- Keep separate, thoroughly dry before placing in plastic bag.
- No oversaturation or serum rings present.
- Allowed to dry a minimum of 3 hours.
- No roughened/scratched filter paper.
- Turn the sample over a look at both sides!
- No overlapping, clotting or layers of blood but sufficient.
- Demographic portions filled out legibly.
- Must include Medical Record Number
- Place order labels on the back of the top, white copy
- Don't forget the hearing and pulse oximetry screen results!
 - Do not delay sending the DBS.
- Attach separated NBS Card copies with a patient sticker
- ADEQUATE DBS
 - Recollect heel stick prior to discharge if not sufficient
- Update NBS Log and submit MSRs

Send DBS with courier within 24 hours of collection. Call or email NOW Courier as needed to ensure a timely pick up.

GNBS Team: 888.815.0006.