Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

Instructions for Completing NBS Collection Device

PURPOSE

To be used when requesting the Division of Consolidated Laboratories to perform dried blood spot testing for the mandated Newborn Screening Program in Virginia.

FORM

Four-part NCR paper with PE226 filter paper (or equivalent) attached for sampling. If writing on the collection device, adequate pressure must be used with a ballpoint pen to make all copies legible. Please print clearly within each block. If using electronic messaging, please affix a completed label to the center of each of the copies.

The physician, midwife, or nurse who delivered the baby at birth should initiate these forms. They may also be completed by the nursery, clinic or private office that attends to the baby after birth.

Please see the attached examples of properly filled out collection devices below.

NOTE: The top copy (parent copy) must be removed after the infant's name is entered, and given to the parent(s) or guardian of the newborn.

EXPLANATION FOR TERMS

BABY'S NAME - Give the last name or family name of the baby in the first section. Follow this with the first name of the baby, if it has been named. If the baby has not been named, use "BG" or "BB".

MEDICAL RECORD NUMBER - Give the baby's medical record ID #, which the hospital assigned to the baby at birth.

BIRTH DATE– Give the month, day and year baby was born (i.e. 03-20-16).

BIRTH TIME (MILITARY) - Give time of day the baby was born, using military time (i.e. 4:20p.m. is equivalent to 1620 hours).

SEX– Check the box for the sex of the baby as male, female, or ambiguous.

BIRTH WEIGHT- Give the weight of the baby at time of birth in grams (NOT pounds and ounces).

CURRENT WEIGHT- Give the weight of the baby at the time of sample collection, in grams (NOT pounds and ounces)

ETHNICITY- Use the following legend to check the appropriate ethnicity:

1). Hispanic
2). Non-Hispanic

3). Unknown

RACE - Use the following legend to check the appropriate box for the race of the baby:

1) BLK- Black
2) WHT- Caucasian
3) ASIAN- Vietnamese, Thai, Pakistani, Indian, Korean, Chinese, Japanese or Filipino
5) AMER. INDIAN- American Indian, Alaskan Native
6) MIXED/OTHER– Biracial, Mixed, Unknown

FEEDING TYPE - Check the appropriate box to indicate how the baby is being fed:

1) Breast
2) Cow's Formula
3) TPN
4) Soy Formula
5) Other (enter how the child is being fed)

MULTIBIRTH- If the baby is a multiple (a twin, triplet, etc), check the YES box and give the BIRTH ORDER (#).

DATE OF COLLECTION- Give the month, day and year of specimen collection (i.e. 04-03-16).

TIME OF COLLECTION (MILITARY)- Give the time of day the specimen is collected, using military time (i.e. 2:15 p.m. is equivalent to 1415 hours).

GESTATIONAL AGE AT BIRTH- Give the gestational age of the infant at birth (e.g. 35 weeks).

TRANSFUSED– If the infant has NOT had a transfusion, check the "N" box. If the child has been transfused with any blood products, check the "Y" box for transfusion. Then, enter the date in the appropriate box to indicate when the infant had the transfusion and check the type of products the baby received.

BABY'S ADDRESS- Enter the address at which the child resides.

BABY'S TELEPHONE NUMBER- Enter the phone number at which the baby's parent(s) or responsible guardian can be reached.

MOTHER'S NAME- Give the last name, first name, and maiden name of the mother.

(MOTHER'S) BIRTH DATE- Give the month, day and year the mother was born (i.e. 02-06-90).

SSN (LAST 4 DIG.)- Give the last four digits of the mother's social security number.

ADOPTION/FOSTER CARE– Check “No” if the baby is NOT being adopted or placed in foster care. Check “Yes”, if the baby is being adopted or placed in foster care.

PRACTICE/PROVIDER IDENTIFIER- Enter the code as assigned by DCLS for the physician who is treating the baby (post-discharge or in NICU) and can be reached to obtain follow-up information.

(Health Care Provider) TELEPHONE NUMBER- Enter the phone number of the physician who is treating the baby (post-discharge or in NICU) and that can be reached to obtain follow-up information.

BABY’S HEALTH CARE PROVIDER and HEALTH CARE PROVIDER’s ADDRESS- Enter the name and address of the health care provider who is treating the baby and that can be reached to obtain follow-up information.

BIRTH HOSPITAL CODE or BIRTH OUT OF HOSPITAL CODE- Enter the unique code assigned by DCLS for the hospital or birth center where the baby was born. Check “birth out of hospital” if the birth occurred at home or anywhere other than a hospital or birth center. If you do not know the hospital code number, please email to DCLS-submitterchange@dgs.virginia.gov to obtain the correct code.

BIRTH HOSPITAL TELEPHONE NUMBER, BIRTH HOSPITAL NAME, and ADDRESS- Enter the Hospital’s name, telephone number, and complete address of where the baby was born. If infant was not born in a hospital, please enter this information appropriately (i.e. phone number, name of the midwife/facility and address).

SUBMITTER SAME AS– Check appropriate box as the Place of Birth or Provider. If the submitter is different from the provider or place of birth, do not check either box.

SUBMITTER CODE, TELEPHONE NUMBER, NAME, and ADDRESS- If different from the place of birth, enter the submitter’s code, name, telephone number, and complete address. This name should match the submitter code description on file with DCLS and to whom the laboratory results should be mailed. If you do not know this number, please email to DCLS-submitterchange@dgs.virginia.gov to obtain the correct code.

SPECIMEN COLLECTED BY (PRINT NAME) - Print clearly the last and first name of the person who collected the sample.

FORM COMPLETED BY (PRINT NAME - LAST, FIRST) - Print clearly the last and first name of the person that completed the sample form.

PROCEDURE FOR SUBMITTING SAMPLES

Refer to the reverse side of "DCLS Newborn Screening Specimen Collection" form for collection instructions. It is extremely important that samples be air dried (for 3 hours) and sent to the laboratory within 24 hours from time of sample collection. Specimens must NOT be submitted in plastic bags, as this will affect specimen quality.

Samples should be mailed in the pre-addressed envelopes provided in your kit(s).

Please do not submit more than five (5) samples per envelope to the laboratory. This will help avoid the possibility of sample to sample contamination as well as facilitate automated sorting by the U.S. Postal Service, if being mailed.

REPORTING OF RESULTS

On a daily basis, normal results will be sent via courier, US Mail or electronic messaging, in batches to submitters from the laboratory. Requests for repeat samples to verify results or for unsatisfactory samples will also be sent via US Mail. Additionally, repeat collection devices are sent with the repeat requests to the provider listed on the collection device. The Virginia Department of Health Nurse Follow-Up Team will report any results that require immediate attention via telephone, followed by a written report.

The physician, hospital, facility, midwife or clinic that is indicated as the "Submitter" and the “Baby’s Health Care Provider” will receive the laboratory results report. Any additional copies can be obtained through the Newborn Screening Dried Blood Spot (NBSDBS) web portal at https://dclsconnect.dgs.virginia.gov or can be requested by telephone at (804) 648-4480 Ext. 171 or via fax (804) 225-2595 (for multiple requests). When requesting result information or a duplicate report, please provide baby's last name, birth date, and mother's full name.

EXAMPLES OF FILLED OUT COLLECTION DEVICES

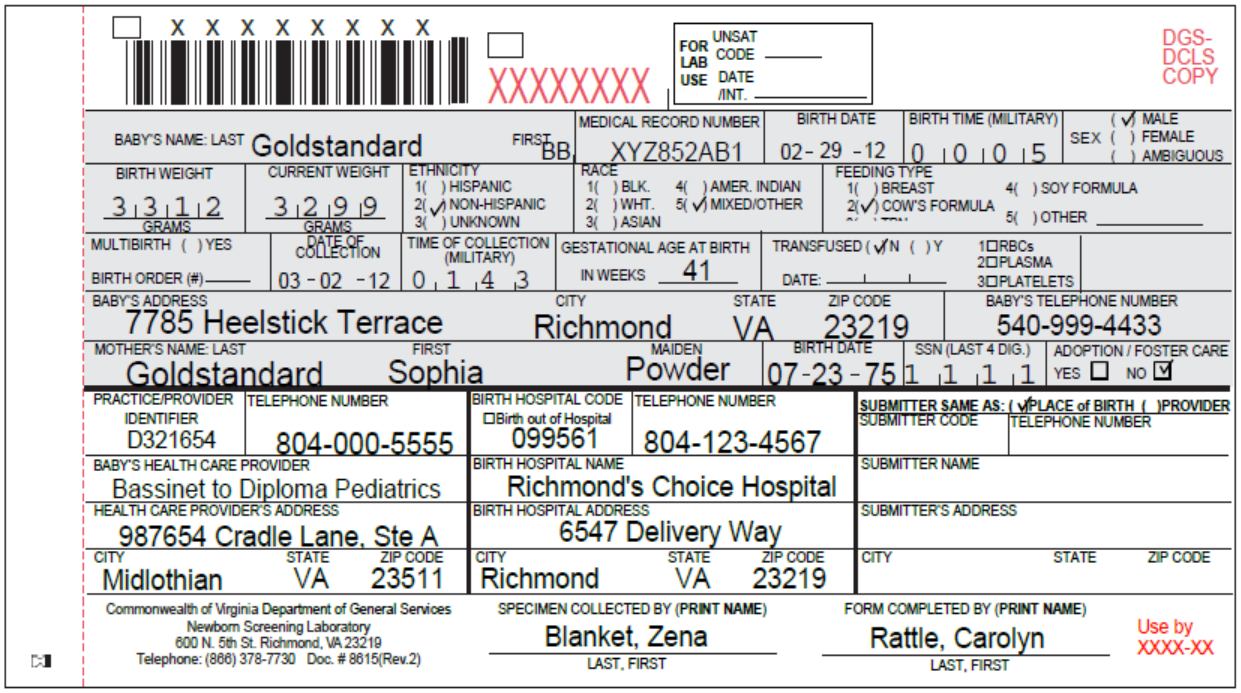

Figure 1. Hospital Birth

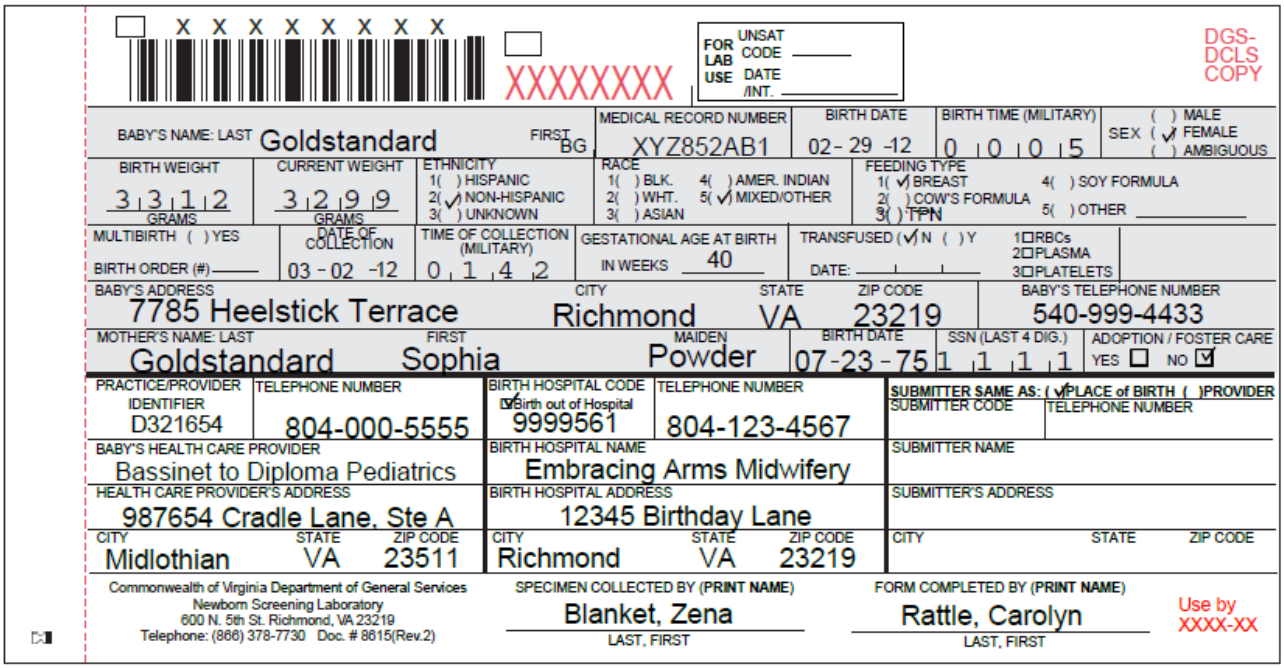

Figure 2. Birth out of Hospital

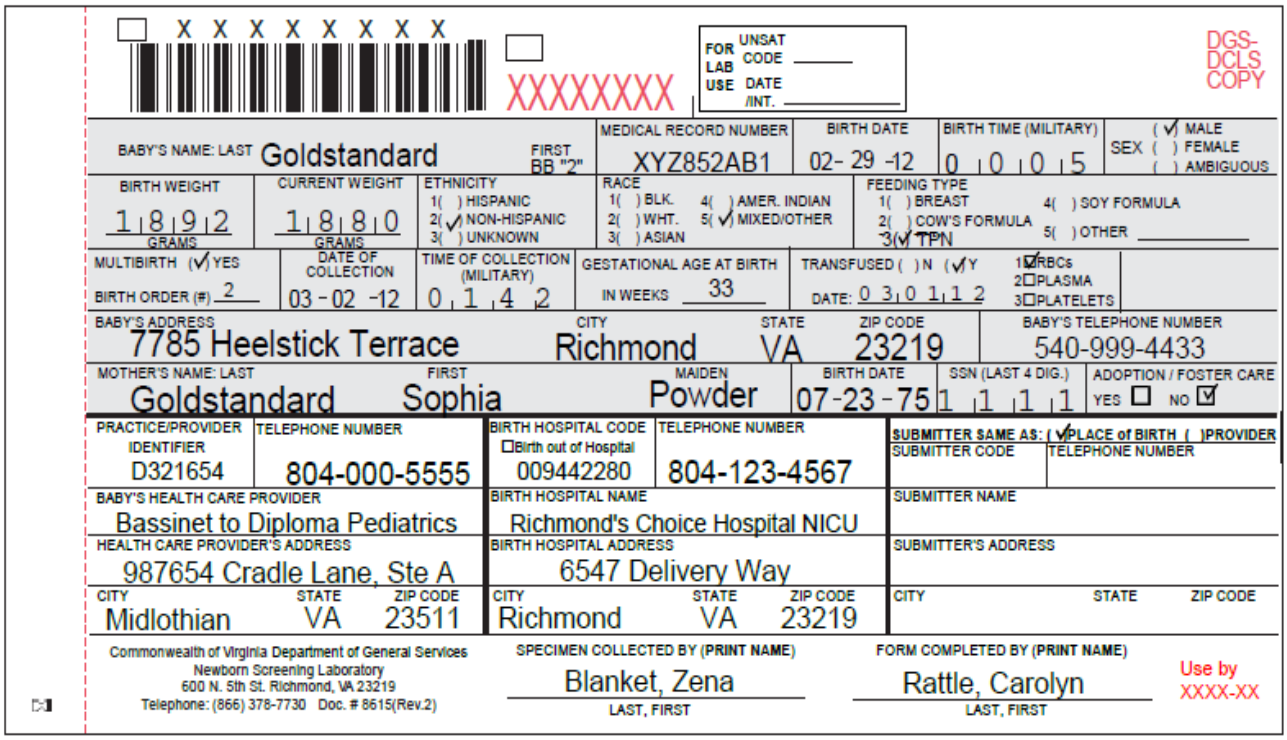

Figure 3. Transfused