Oregon Newborn Bloodspot Screening Program Specimen Collection Card

Facility name: NBS code:

	CARD EXPIRATION DATE Specimen must be screened prior to this date.	WKS GESTATION Gestational age at time of birth in weeks. Round down to nearest completed week.
OREGON STATE PUBLIC HEALTH LAB 7202 NE EVERGREEN PARKWAY SUITE 100 HILLSBORO, OR 97124 (503) 693-4174	COLLECTION DATE COLLECTION TIME BIRTH ORDER (within 24 hours) (within 7 days) (within 7 days)	SEX M = Male, F = Female I = Indeterminant/Ambiguous
	SINGLE TRANSFUSION DATE TRANS. START TIME(Military) TRANSFUSION DATE TRANS	BABY'S SPECIAL CONSIDERATIONS Check if baby is: NICU – in the neonatal intensive care unit. HA/TPN – receiving hyperalimentation/ total parenteral nutrition. STEROIDS – received within last 7 days. ANTIBIOTICS – received within last 24 hours. TRANSFUSED – received red blood cells. If yes, enter date and time of LAST transfusion.
	DATE/TIME (Military) er as MM/DD/YY 00:00. BIRTH WEIGHT Written in grams. BIRTH ORDER Check SINGLE if only 1 birth. If twins, or other multiple bir check A for baby one, B for battwo etc.	



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Facility name:	
NBS code:	

BIRTH PARENT/GUARDIAN

Last name, first name, and date of birth. In the case of adoption/surrogacy/foster care, provide guardian's name and contact information. Address, city, state, zip code, and phone number. This will help the NBS program locate the family, if needed.

SUBMITTER

Name of the place where specimen was collected: hospital/unit, PCP clinic name, or community birth provider clinic or name. City, state and NBS code*.

Name or employee number of person who collected the specimen.

BABY'S PRIMARY CARE

Name of the clinic where baby will receive primary care. The PCP will review and act upon screening results.

City, state, and NBS code*.

If the baby's PCP clinic is the same as the submitter, check the box.

BIRTH FACILITY

Place where baby was born and state. Name of the hospital or community birth provider clinic or name.

If the birth facility is the same as the submitter, check the box.

	HEALTH LAB \RKWAY SUITE 100 503) 693-4174 ⊡ ХХХХХХХ		1st Newborn SPECIMEN	SN XXXXXXXX		DO NOT USE THIS AREA	
			LAST NAME	FIRST NAME		ME	EDICAL RECORD#
		BABY	BIRTH DATE BIRTH TIME	BIRTH WEIGHT (Grams) WKS GESTATION BIRTH ORDER SINGLE IF MULTIPLE A	N SEX M F	BABY'S SPECIAL CONSID NICU HA/TPN (within 24 hour TRANSFUSED TRAN (RBC)	STEROIDS ANTIBIOTICS
		ARENT	LAST NAME	FIRST NAME			BIRTH DATE
		BIRTH PARENT GUARDIAN	ADDRESS (STREET, CITY)		STATE	ZIP CODE	PHONE NUMBER
		SUBMITTER	PLACE WHERE SPECIMEN WAS COLLECTED			NBS CODE	
	VTE PUBLIC RGREEN P OR 97124	SUBM	CITY		STATE	SPECIMEN COLLECTED E	ЗҮ
		BABY'S PRIMARY CARE	PLACE WHERE BABY WILL RECEIVE PRIMA	RY CARE		NBS CODE	
	ON STA		CITY		STATE	Same as Submitter	LAB USE ONLY
	ORESON 7202 N. E HILLSBON	BIRTH	PLACE WHERE BABY WAS BORN		STATE	Same as Submitter	
	TAG	BLOC	DD NOT SUBMITTED TRANSFERRED	DECEASED REFUSED	SIGN REFUSAL	ON BACK PORTION OF BLC	DOD COLLECTION CARD (REQUIRED)

BLOOD NOT SUBMITTED

A specimen collection card must be completed for every baby and sent to the state lab, even if blood will **not** be collected.

Check if baby was TRANSFERRED or DECEASED prior to collection of the bloodspot specimen. If guardian refuses screening, check REFUSED box. Guardian must review, fill out and sign/date the refusal form located on back of collection card.

*NBS code

NBS code is your facility submitter code. A list of NBS codes is available on the state lab website: www.healthoregon.org/nbs



Questions? Please visit our website for additional information and training resources.

www.healthoregon.org/nbs Email: NWRegional.NBS@odhsoha.Oregon.gov Phone: 503-693-4174

