

Oregon Newborn Bloodspot Screening Program Specimen Collection Form

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.

1st Newborn Screening SPECIMEN SN XXXXXXXXXXXX		DO NOT USE THIS AREA			
LAST NAME		FIRST NAME		MEDICAL RECORD#	
BIRTH DATE	BIRTH TIME (Military)	BIRTH WEIGHT (Grams)	WKS GESTATION	SEX M <input type="checkbox"/> F <input type="checkbox"/>	BABY'S SPECIAL CONSIDERATIONS
COLLECTION DATE	COLLECTION TIME (Military)	BIRTH ORDER	NICU <input type="checkbox"/> HA/TPN (within 24 hours) <input type="checkbox"/> STEROIDS (within 7 days) <input type="checkbox"/> ANTIBIOTICS (within 24 hours) <input type="checkbox"/>		TRANSFUSED (RBC) <input type="checkbox"/>
SINGLE <input type="checkbox"/> IF MULTIPLE A <input type="checkbox"/> B <input type="checkbox"/>		TRANSFUSION DATE		TRANS. START TIME (Military)	
LAST NAME		FIRST NAME		BIRTH DATE	
ADDRESS (STREET, CITY)		STATE	ZIP CODE	PHONE NUMBER	
PLACE WHERE SPECIMEN WAS COLLECTED				NBS CODE	
CITY				STATE	
PLACE WHERE BABY WILL RECEIVE PRIMARY CARE				NBS CODE	
CITY				STATE	
PLACE WHERE BABY WAS BORN				STATE	
BLOOD NOT SUBMITTED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/> DECEASED <input type="checkbox"/> REFUSED <input type="checkbox"/>				SIGN REFUSAL ON BACK PORTION OF BLOOD 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@odhsosha.Oregon.gov Phone: 503-693-4174

