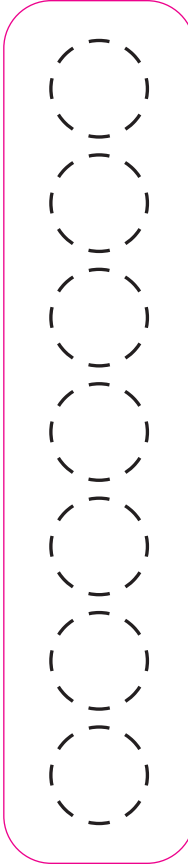


EXPIRED CARDS WILL BE REJECTED

1) Do not touch sample area



PerkinElmer 226
Ahlstrom
116265 /
40260009
LOT
2028-03-31

STATE LAB USE ONLY

FL0000000000
FL0000000000

STATE LAB USE ONLY

PLEASE FILL IN THIS CARD USING CAPITAL LETTERS ONLY. ALL FIELDS MUST BE FILLED OUT COMPLETELY TO AVOID DELAY. ILLEGIBLE HANDWRITING AND INCOMPLETE INFORMATION WILL RESULT IN DELAYS.

DARKEN ALL CIRCLES THAT APPLY: REFUSED INFORMATION ONLY | STATUS: DECEASED ADOPTION NICU MECONIUM ILEUS confirmed/suspected

INFANT'S INFORMATION

Infant's Last Name, Infant's First Name, Hospital of Birth, Infant's Medical Record Number, Date of Birth, Birth Time, Birth Wt. (gms), Gender, Birth Order, Weeks of Gestation, Collection Date, Time (Military Format), Collection Wt. (gms), Collected By (I.D.), Transfusion Date, Time (Military Format)

MOTHER'S/FATHER'S CONTACT

Mother's Last Name, Mother's First Name, Mother's Date of Birth, Mother's or Contact's Telephone Number, Mother's Address (Include Apartment Number), City, State, Zip Code, Alternate Telephone Number

INSURANCE INFORMATION

Insured's Name (Last, First & Middle Initial), Insurance/Medicaid ID#, Relationship to Insured: SELF, CHILD, Name of Insurance Company, Insured's Date of Birth, Insurance Group ID#, PRIVATE/MMA, SELF-PAY, MEDICAID PENDING

PRIMARY CARE / FOLLOW UP PHYSICIAN INFORMATION

Physician's Last Name, First Name, Physician's Telephone Number

ORDERING PHYSICIAN INFORMATION

Physician's Last Name, First Name, NPI Number

COLLECTION FACILITY INFORMATION

Collection Facility Name, Laboratory ID#

MAIL TO (SUBMITTER INFORMATION)

Facility Name (Hospital or Clinic), Address, City, State, Zip Code

Darken ALL circles that apply at time of collection. SPECIMEN INFORMATION: INITIAL, REPEAT. FEED STATUS: NPO, ORAL, TPN / HYPERAL. RACE: WHITE, BLACK, HISPANIC, ASIAN, AMERICAN INDIAN, PACIFIC ISLANDER, OTHER.

PULSE OXIMETRY: DATE, Time (Military Format). REASON NOT SCREENED: PRESCREEN ECHO, REFUSED, ON O2, FACILITY TRANSFER. FINAL RESULT: RH, LE, PASS, FAIL, ECHO: WNL, ABNORMAL.

HEARING SCREENING: DATE. LEFT EAR: PASS, FAIL, OAE, ABR, VI. RIGHT EAR: PASS, FAIL, OAE, ABR, VI.

HEARING RISK STATUS: NICU >5 DAYS, ECMO, PPHN, FAMILY HISTORY, CMV, BIRTH WEIGHT <1500 GRAMS, EXCHANGE TRANSFUSION FOR HYPERBILIRUBINEMIA.

NOT SCREENED BEFORE DISCHARGE REASON: (Select one) MICROTIA / ATRESIA / CLEFT, FACILITY TRANSFER, EXPIRED, PROLONGED NICU STAY, MISSED, MEDICALLY FRAGILE, REFUSED.

MAIL SPECIMENS TO: STATE OF FLORIDA-BUREAU OF PUBLIC HEALTH LABORATORIES 1217 N PEARL ST. JACKSONVILLE, FL 32202 (904) 791-1645

Newborn Screening Specimen Collection Card, DH 677, 05/2023, Replaces ALL Previous Editions. Conforms to CLSI Standards. Rule 64C-7.002, F.A.C.

2) Do not use if damaged or after expiry date.

Form Name	Florida NBS Card
Design ID	40260009v019
Version	019
Design Date	5/1/23 TN

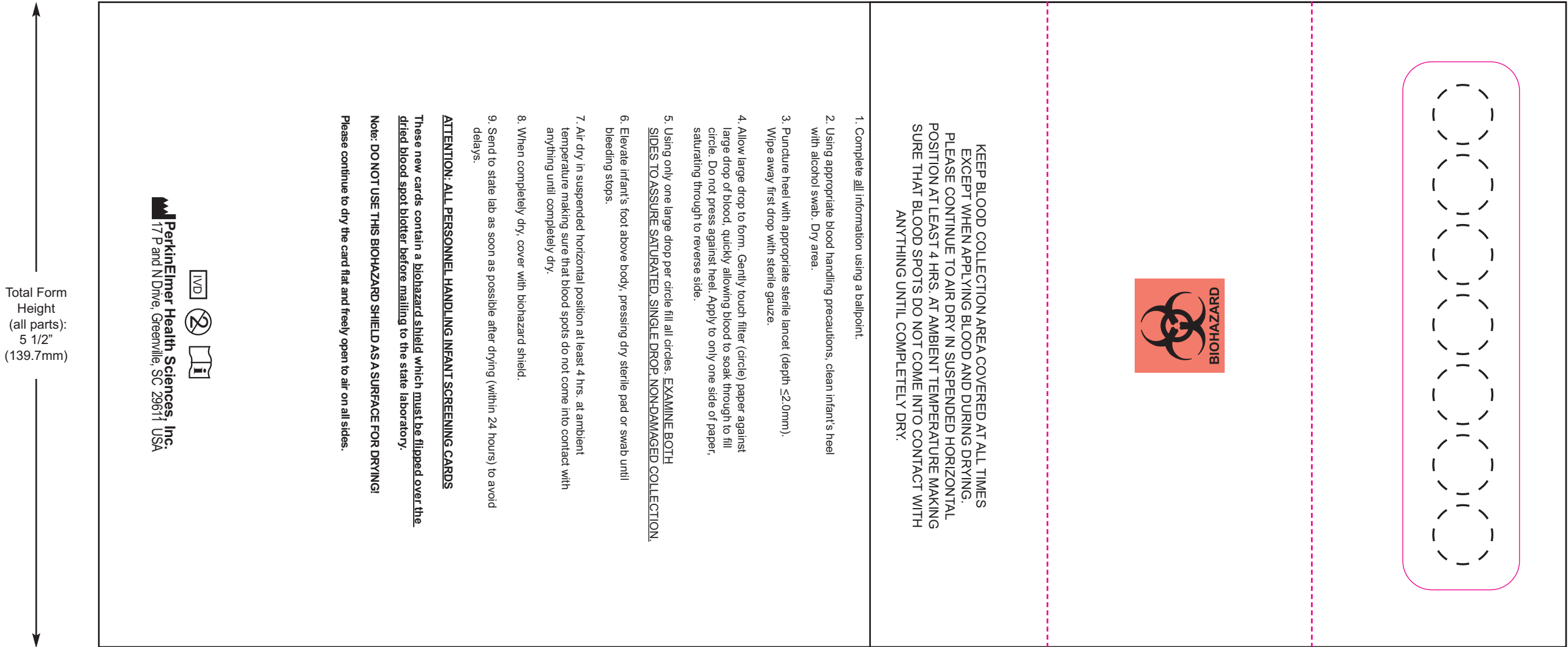
Back of Parts 1, 2 & 3 (copy on face)

All measurements can vary +/- 1/16" (1.6mm);
 Manufacturing equivalent substitutions allowed for demographic papers;
 Glue lines are between Parts 1 & 2 and Parts 2 & 3



----- Dotted Magenta lines signify perf lines.

Part 2: PerkinElmer 226
 Bio-inert ink face & back
 Circles = 12.3mm ID
 2 1/8" (53.98mm)

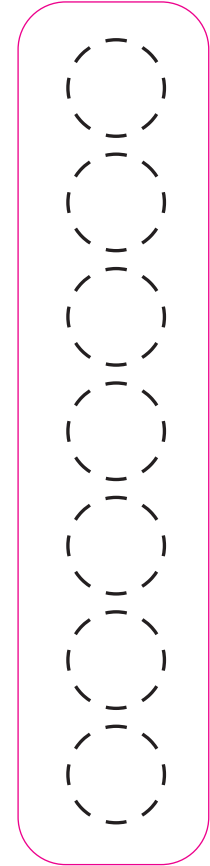


Total Form Height
 (all parts):
 5 1/2"
 (139.7mm)

  
PerkinElmer Health Sciences, Inc.
 17 P and N Drive, Greenville, SC 29611 USA

1. Complete all information using a ballpoint.
 2. Using appropriate blood handling precautions, clean infant's heel with alcohol swab. Dry area.
 3. Puncture heel with appropriate sterile lancet (depth ≤2.0mm). Wipe away first drop with sterile gauze.
 4. Allow large drop to form. Gently touch filter (circle) paper against large drop of blood, quickly allowing blood to soak through to fill circle. Do not press against heel. Apply to only one side of paper, saturating through to reverse side.
 5. Using only one large drop per circle fill all circles. **EXAMINE BOTH SIDES TO ASSURE SATURATED, SINGLE DROP, NON-DAMAGED COLLECTION.**
 6. Elevate infant's foot above body, pressing dry sterile pad or swab until bleeding stops.
 7. Air dry in suspended horizontal position at least 4 hrs. at ambient temperature making sure that blood spots do not come into contact with anything until completely dry.
 8. When completely dry, cover with biohazard shield.
 9. Send to state lab as soon as possible after drying (within 24 hours) to avoid delays.
- ATTENTION: ALL PERSONNEL HANDLING INFANT SCREENING CARDS**
 These new cards contain a biohazard shield which must be flipped over the dried blood spot blotter before mailing to the state laboratory.
Note: DO NOT USE THIS BIOHAZARD SHIELD AS A SURFACE FOR DRYING!
 Please continue to dry the card flat and freely open to air on all sides.

KEEP BLOOD COLLECTION AREA COVERED AT ALL TIMES EXCEPT WHEN APPLYING BLOOD AND DURING DRYING. PLEASE CONTINUE TO AIR DRY IN SUSPENDED HORIZONTAL POSITION AT LEAST 4 HRS. AT AMBIENT TEMPERATURE MAKING SURE THAT BLOOD SPOTS DO NOT COME INTO CONTACT WITH ANYTHING UNTIL COMPLETELY DRY.



Part 1: 125# White Tag,
 Red 185 & Black Ink front and back;
 Shaded text in boxes screened Black and Red 185 at 20%; Vertical writing box lines screened Red 185 at 50%;
 Solid boxes screened Red 185 at 15%; "State Lab Use Only" screened at 40%;
 Code 128 Barcode with 2 human readables, face only;
 12 1/2" (317.5mm)

Part 3: 125# White Tag;
 ID333 & Red 185 Ink face only,
 red square screened at 70%;
 5 15/16" (150.81mm)