Linked Kit Sample- January 2018

EXPIRATION 2020-09-30		FORMATION LEG	IBLY	Accession Number:
	Screening 1st DO NOT WRITE IN THIS SPACE			
RA 10	SPECIMEN Date / Time Stamp			
	Baby's Name			Submitter / Physician Information $AZ251220101$
- XII	Last: First: Date of Birth Time of Birth Birth Weight Sex		Sex	AZZJIZZ0101
0		a.mGrar		Submitter Name/ID:
= 2		lection Current Weight		Ordering Physician (Hosp.):
10	/	p.m. Gran		Follow-up Physician Name (Last, First):
	Baby's AHCCCS # Gestational Age MR #WeeksDay			Phone: ()
	MR #		Days	
\sim	Race Food S		atus	City, State, Zip:
0	1 White 1 Breast On		Meconium Ileus Y N	Mom's Name
	2 African Amer. 2 Milk / Lac	tose Formula In NICU/Spec	ial Y N	LastFirst:
	3 Asian 3 Soy Form	ula	Transfusion (RBC ONLY) before collection? Y N	Mom's Date of Birth: / Maiden Name:
55	4 Amer. Indian 4 Breast &			(OR) Other Person with Custody:
	5 Other 5 Breast &	Date FIRST P	ansfused	Street Address:
Z	Hispanic V N 6 TPN 0 Never Fed			City, State, Zip: Insurance
	O Pass (passed on attempt) O Not screened: Parental Refusal Prenatal Cardiac Diagnosis			Phone: ()
AZ	Fal Chasse one) Manitored NICUSON Other			Mom's AHCCCS# Refused Biodepot Testing
				- roong
z 8	Newborn PRINT ALL INFORMATION LEGIBLY Accession Number:			
6 <u>6</u>	Screening			
A Y				
R o				RITE IN THIS SPACE
XPIR	A	DO Date / Time Star		
EXPIRATION	SPECIMEN Baby's Name Last:	Date / Time Star	mp	Submitter / Physician Information AZ252220101
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