EXPIRATION 2018-06

AZ SN 251000001

Newborn Screening **1st SPECIMEN**

PRINT ALL INFORMATION LEGIBLY

Accession Number:

DO NOT WRITE IN THIS SPACE

Date / Time Stamp

Baby's Name
Last: First:

Date of Birth	Time of Birth	Birth Weight	Sex
___/___/___	___ a.m. p.m.	___ Grams Lb/oz	☐ M
Date of Collection	**Time of Collection**	**Current Weight**	☐ F
___/___/___	___ a.m. p.m.	___ Grams Lb/oz	

Baby's AHCCCS #

Medical Record #

☐ Single Birth ☐ Multiple Birth (circle one) A B C D

Race	Food Source	Status
1 White	1 Breast Only	Premature Y N
2 African Amer.	2 Milk Formula Only	Meconium Ileus Y N
3 Asian	3 Soy Formula Only	In NICU/Special Care Nursery Y N
4 Amer. Indian	4 Breast & Milk Formula	Known anomaly Y N
5 Other	5 Breast & Soy Formula	Transfused before collection? Y N
Hispanic Y N	6 TPN 0 Not Fed	Date Last Transfused

Pulse Oximetry FINAL Screen Results

○ Pass *(passed on attempt)* 1st ___; 2nd ___; 3rd ___
○ Fail

○ Not screened: Reason *(choose one)* ☐ Parental Refusal ☐ Prenatal Cardiac Diagnosis ☐ Monitored NICU/SCN ☐ Other

Submitter / Physician Information AZ251000001

SN

Submitter Name/ID:
Submitter Address:
Physician's Name (Last, First):
Phone: ( )
Physician's Address:
City, State, Zip:

Mother's Information

Mom's Name
Last: First:
Mom's Date of Birth: ___ / ___ / ___ Maiden Name:
Street Address:
City, State, Zip:
Phone: ( )
Other Person with Custody:
Mom's AHCCCS#

☐ Insurance papers included
☐ Parent Refused Bloodspot Testing

HAVE YOU:

- **Discussed NBS rationale and procedure with the parents?**
- **Given linked second kit to mother?**
- **Air-dried blood spots in a horizontal position with the flap folded back?**
- **Checked to see that the blood spots are completely dry and protective flap is in place before submitting specimen?**

This flap is for the protection of the specimen and the specimen handlers

EXPIRATION 2018-06

AZ SN 252000001

Newborn Screening **2nd SPECIMEN**

PRINT ALL INFORMATION LEGIBLY

Accession Number:

DO NOT WRITE IN THIS SPACE

Date / Time Stamp

Baby's Name
Last: First:

Date of Birth	Time of Birth	Birth Weight	Sex
___/___/___	___ a.m. p.m.	___ Grams Lb/oz	☐ M
Date of Collection	**Time of Collection**	**Current Weight**	☐ F
___/___/___	___ a.m. p.m.	___ Grams Lb/oz	

Baby's AHCCCS #

Medical Record #

☐ Single Birth ☐ Multiple Birth (circle one) A B C D

Race	Food Source	Status
1 White	1 Breast Only	Premature Y N
2 African Amer.	2 Milk Formula Only	Meconium Ileus Y N
3 Asian	3 Soy Formula Only	In NICU/Special Care Nursery Y N
4 Amer. Indian	4 Breast & Milk Formula	Known anomaly Y N
5 Other	5 Breast & Soy Formula	Transfused before collection? Y N
Hispanic Y N	6 TPN 0 Not Fed	Date Last Transfused

Submitter / Physician Information AZ252000001

SN

Submitter Name/ID:
Submitter Address:
Physician's Name (Last, First):
Phone: ( )
Physician's Address:
City, State, Zip:

Mother's Information

Mom's Name
Last: First:
Mom's Date of Birth: ___ / ___ / ___ Maiden Name:
Street Address:
City, State, Zip:
Phone: ( )
Other Person with Custody:
Mom's AHCCCS#

☐ Insurance papers included
☐ Parent Refused Bloodspot Testing

HAVE YOU:

- **Discussed NBS rationale and procedure with the parents?**
- **Air-dried blood spots in a horizontal position with the flap folded back?**
- **Checked to see that the blood spots are completely dry and protective flap is in place before submitting specimen?**

This flap is for the protection of the specimen and the specimen handlers

Stub Length 3/4" (19mm)

Total Form Length (flap folded) 9 1/4" (235mm)

Folding Flap 1 3/4" (44.45mm)

Total Form Height (all parts) 7 1/3" (185.4mm)

Horizontal Perf (all parts) 3 2/3" (91.4mm)

Form Name	Arizona Double
Design ID	AZNB20150608012
Version	012
Design Date	06/08/15 LH

Front of Form (Flap Folded)

Glue lines are between the stubs of parts 1, 2, 3, 5 and in between part 3 and 4

All measurements can vary +/- 1/16" (1.6mm)
Circles on Filter paper = 12.7mm ID

PMS Red 185 and Blue 072 Screens = 15% and 30%
Screened Numbers = 12% PMS Red 185 and Blue 072

Dotted Magenta lines signify perf lines.

○ ○ ○ Magenta circles signify line holes.

PerkinElmer
For the Better

ID0214_Rev3 11-Aug-2011