

ILLINOIS DPH NEWBORN SCREENING
Public Health Laboratory
2121 W. Taylor St., Chicago, IL 60612

BABY'S INFORMATION

LAST NAME
FIRST NAME
CHART NUMBER
BABY'S ID

MOTHER'S INFORMATION

LAST NAME
FIRST NAME
DOB MM/DD/YY

PHONE

() -

ADDRESS

CITY

ST ZIP

COUNTY

DO NOT WRITE IN THIS SPACE

GENDER
 M
 F
 UNK

RACE OF BABY
 White
 Black
 Native Amer.
 Asian/Pacific Is.
 UNK

ETHNICITY OF BABY
 Non-Hispanic
 Hispanic
 UNK

INITIAL
 RETEST
 HOME BIRTH

BIRTH DATE
MM/DD/YY

TIME OF BIRTH (MILITARY TIME)
HH:MM

SPECIMEN DATE OF COLLECTION
MM/DD/YY

TIME OF COLLECTION (MILITARY TIME)
HH:MM

TRANSFUSED DATE
MM/DD/YY

MECONIUM ILEUS
 NICU/
 SPECIAL CARE
 ANTIBIOTIC
 CERT

BIRTH WEIGHT (grams)
 SINGLE BIRTH
 MULTIPLE (1,2,3)

GESTATIONAL AGE
 SINGLE BIRTH
 MULTIPLE (1,2,3)

BIRTH # & ORDER
 SINGLE BIRTH
 MULTIPLE (1,2,3)

COLLECTOR

BABY'S PHYSICIAN NAME & PHONE NUMBER
 () -

HOSP SUBMITTER
 CITY

ST ZIP
 COUNTY

ILY0487977T SN



USE BLACK INK ONLY

ILY 0487977 SN
 Whatman 903™ LOT 6987314 W131
 Do Not Use If Damaged. Do not Touch Filter Paper.
 SATURATE ALL CIRCLES WITH BABY'S BLOOD



2017-06