Important Changes to Complete the Newborn Screening Blood Spot TRF

Using the New 31 Million Series TRF Form

Please read carefully: New instructions for items 8, 10, and 16.

DO NOT WRITE IN THIS AREA

DO NOT HANDLE FILTER PAPER

BIOHAZARD

THIS AREA MAY BE USED TO ADHERE A STICKER CONTAINING THE INFANT'S FACILITY INFORMATION

Revision Date: 6/16

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH NEWBORN SCREENING

INSTRUCTIONS FOR COMPLETION OF FORM

PLEASE PRINT AND USE BLUE OR BLACK BALL POINT PEN

1. **NEWBORN'S NAME:** Name as entered on birth certificate, last name first. If multiple birth, indicate A, B, C, etc.
2. **NEWBORN'S BIRTH DATE (AND TIME):** As entered on the birth certificate. All time is to be entered by the 24 hour clock, e.g., 8:30 a.m. is 0830; 9:01 p.m. is 2101.
3. **MOTHER'S INFORMATION:** Name as entered on birth certificate, last name first. Please also include mother's maiden name and last 4 digits of social security number. If mother does not have a social security number, enter 9999.
4. **THIS BABY IS A WARD OF THE COURT:** Answer Y (Yes) if newborn is a ward of the court and provide contact information for legal guardian responsible for baby's care at time of collection.
5. **PRIMARY LANGUAGE:** Please indicate primary language spoken by mother; this helps determine if an interpreter is needed.
6. **FACILITY DRAWING SPECIMEN:** Name and code number must be entered to ensure correct reporting of results.
7. **INITIALS OF COLLECTOR:** Enter initials of person drawing the specimen.
8. **INPATIENT/ORDERING PHYSICIAN:** Name of physician ordering the test or providing care in the hospital.
9. **MEDICAL RECORD NUMBER:** Enter number used in medical records department of facility collecting specimen.
10. **HOSPITAL ORDER NUMBER:** Use for HL7 messaging only.
11. **RACE/ETHNICITY:** As entered for both parents on birth certificate. These data are required by Government Code 8310.05. Check ALL that apply.
12. **BIRTH WEIGHT:** In grams, as entered on birth certificate.
13. **GESTATIONAL AGE:** Enter gestational age at time of birth in weeks.
14. **ALL FEEDING SINCE BIRTH:** Include all feeding from birth to collection. Human milk includes breastfeeding, mother's own expressed milk and banked human milk. If newborn has had neither human milk, nor formula leave this section blank.
15. **NURSERY TYPE:** Check NICU, Regular Nursery (which includes Family Centered Care (FCC), Rooming In (RI), or Mother Baby Unit), Home Birth, or other.
16. **SPECIMEN NOT OBTAINED:** Check reason a specimen is not obtained. If refused, make sure to complete test refusal form. If baby expired, enter date and reason (if known) in comments. If urgent transfer, specify receiving hospital in comments. For any other reason, check box and specify in comments.
17. **DATE SPECIMEN COLLECTED:** Date and hour of specimen collection. This refers to the time the specimen is collected from the newborn.
18. **TYPE OF SPECIMEN:** Please check only one box. If "OTHER: type of specimen is checked, please specify the type of specimen.
19. **IF COLLECTED AT <12 HRS OF AGE, REASON?:** If this specimen is being collected prior to the newborn being 12 hours of age, indicate why.
20. **RBC TRANSFUSION BEFORE COLLECTION:** Please indicate whether the newborn was transfused with RED BLOOD CELLS and the date and time the last transfusion ended prior to specimen collection. DO list intrauterine transfusions. DO NOT list fresh frozen plasma, albumin, platelets, or cryoprecipitate as transfusion. DO NOT list transfusions that occurred after the specimen was collected.
21. **NEWBORN'S PHYSICIAN'S NPI NUMBER OR LICENSE NUMBER:** Enter the physician's national provider identification number or California license number.
22. **NEWBORN'S PHYSICIAN INFORMATION:** Confirm with mother the name and contact information for the physician who will be responsible for newborn's care after discharge.
23. **DISTRIBUTION:** Original MUST remain attached to specimen. Facility drawing the specimen should retain and file the yellow copy in the newborn's chart. The pink copy should be given to the newborn's parent(s) with instructions to give to the newborn's outpatient physician at first visit.

PLEASE SEE PRIVACY NOTIFICATION WITHIN

(CDPH - 4409 - (6/16)) NBS FORM # 31 000 001 NBS-I (F)

OSP 16 140872

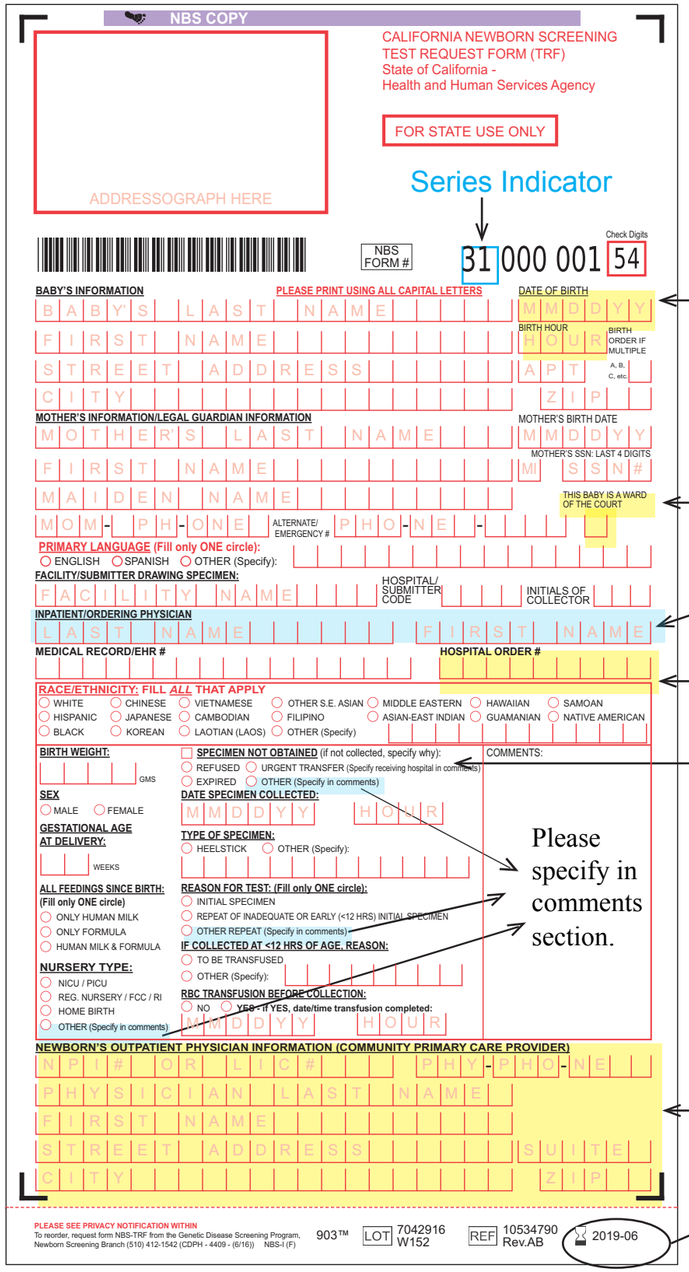
New Instruction # 8

This field has moved # 10

New Instruction # 16

Please be aware this box replaces the former Specimen Not Obtained Form (NBS-NO).

Use for the Newborn's outpatient physician or community primary care provider



This field has moved.

This field has changed.

This field is new.

This field has moved.

This section is new.
Please be aware this box replaces the former Specimen Not Obtained Form (NBS-NO).

Please specify in comments section.

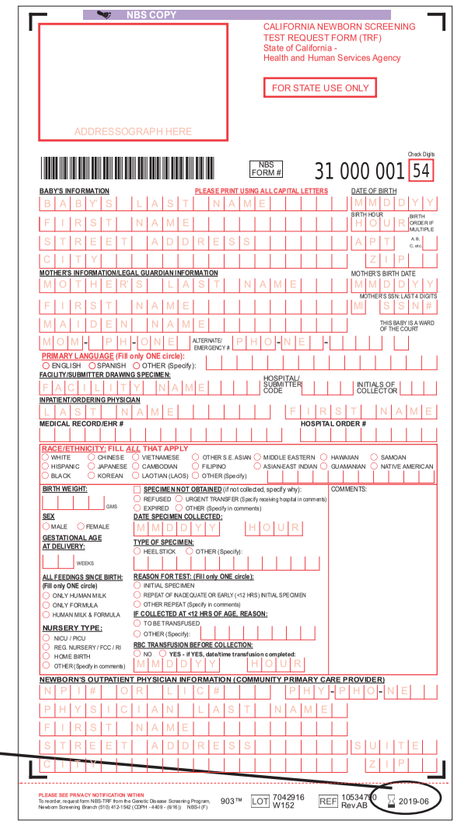
This field has moved.

DO NOT USE AN EXPIRED FORM.
Check the expiration date listed next to the hourglass icon.

© Genetic Disease Screening Program, Newborn Screening Branch,October 2016

Steps to Collecting the Newborn Screening Specimen

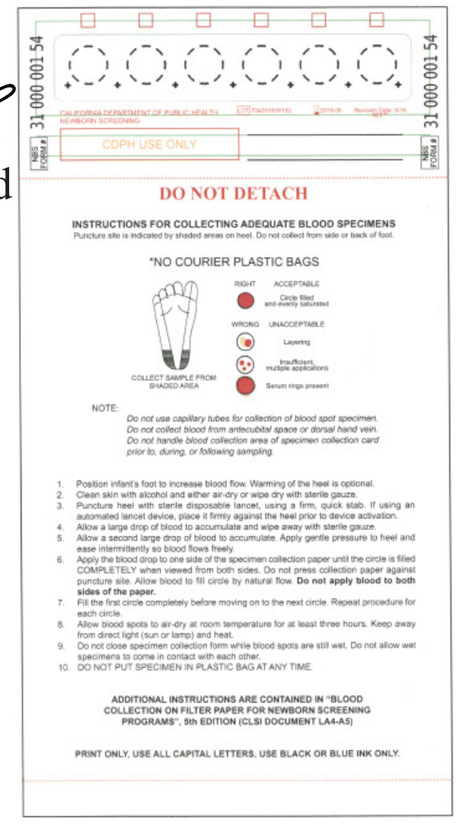
Using the New 31 Million Series Form



1. **Collection time should be between 12-48 hours after birth.** Please time specimen collection to allow for **3 hours** drying time and same day shipment to the lab whenever possible. Fill in **ALL** blanks on the Test Request Form (**TRF)** according to the instructions on the back.
If newborn is transferred after 12 hours of age, make sure the specimen is collected before transfer and send a TRF copy to the receiving hospital.
(**Please print legibly using all capital letters, with one character per box**.) Check the expiration date and **NEVER USE AN EXPIRED FORM.**

2. Before completing form, verify the name of the newborn, outpatient community pediatric care provider, and contact information with the parent or legal guardian.

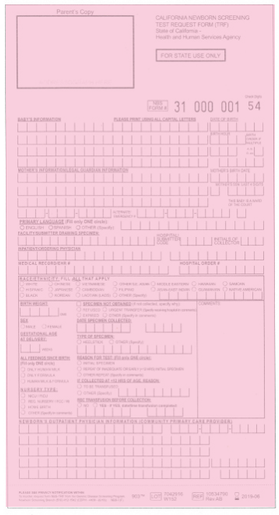
3. Check that all information on the TRF is complete, accurate and matches the newborn's information.

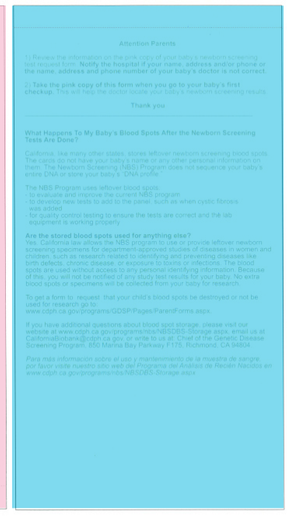


4. Drop the blood and fill the blood spots on to the attached filter paper specimen collection card.

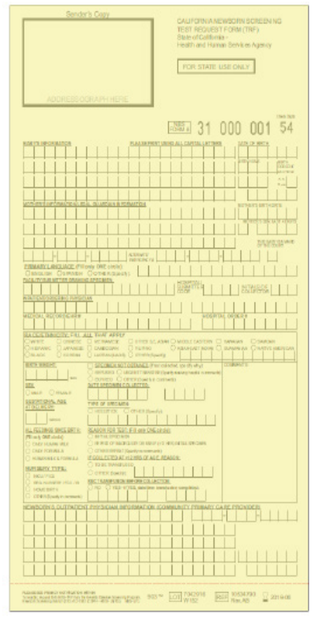
5. After collecting the blood, tear out both the sender's copy and parent's copy, which includes the privacy notification required by HIPAA. Be careful **NOT** to separate the original (white) TRF from the filter paper.

6. Give the pink and blue copies to the parent. Instruct them to give the pink copy to the baby's doctor at their first visit.





7. File the yellow sender's copy in the newborn's medical record.



8. Dry TRF specimens horizontally using a drying rack. Fold back page covering blood spots to prevent contact until dry. Keep TRF forms at room temperature. Do not expose them to heat or moisture. DO NOT transport in a plastic bag at any time.

9. Send original TRF specimens with a completed transport log to the Newborn and Prenatal Screening (NAPS) Lab.