

SPOTfocus

Newborn Screening Quality Improvement Hints

To help improve performance of the screen

COLLECT THE FIRST NEWBORN SCREEN WITHIN THE 24 TO 48 HOUR TIME RANGE

INSURANCE **Newborn Screening** SELF-PAY
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES Laboratory Services Section CLIA#45D0660644
 FORM NBS 4 Expires 03/31/2026. Telephone # (888) 963-7111 ext. 7333

MOTHER INFORMATION

Mother's Last Name: T E X A N
 Mother's First Name: M O T H E R
 Maiden Name: _____ Social Security #: _____

Mother's Birth Date: 0 5 3 0 8 9
 Street Address: 7 8 9 P A R E N T L N Apt. _____
 City: A U S T I N Zip Code: 7 8 7 5 8 State: T X
 Best Phone Number to Reach Mother/Parent/Guardian: 9 8 7 - 4 5 6 - 3 2 1 0

BABY'S PRIMARY CARE PHYSICIAN INFORMATION

Physician Name (Last, First): D R J O H N D O E
 Street Address: 1 2 3 M E D I C A L S T Ste. _____
 City: A U S T I N Zip Code: 7 8 7 5 8 State: T X

Phone No. 1 2 3 - 4 5 6 - 7 8 9 0 Fax No. 1 2 3 - 4 5 6 - 0 9 8 7

USE BLACK INK, PRINT INFORMATION COMPLETELY, ACCURATELY, & LEGIBLY IN BLOCK CAPITAL LETTERS. See back of form for instructions.

DSHS Lab No. For Texas DSHS Use Only

SPECIMEN REJECTED if NO Date of Collection or NO Newborn's Last Name is provided.

NEWBORN INFORMATION

Newborn's Last Name: T E X A N First Name/Twin A or B: G I R L
 Medical Record No.: 3 3 4 4 5 5 B Birth Order (1-9), if Multiple: _____
 Birthweight (grams): 2 7 5 0 Previous Specimen Serial Number: _____

Sex	Feed	Ethnicity	For DSHS use only										
1. Male <input type="checkbox"/>	1. Breastmilk only	1. White	<table border="1"> <tr> <th>Birth - Date</th> <th>Military Time</th> </tr> <tr> <td>0 8 1 1 2 1</td> <td>0 8 0 0</td> </tr> <tr> <th>Collection - Date</th> <th>Military Time</th> </tr> <tr> <td>0 8 1 2 2 1</td> <td>0 8 0 0</td> </tr> </table>		Birth - Date	Military Time	0 8 1 1 2 1	0 8 0 0	Collection - Date	Military Time	0 8 1 2 2 1	0 8 0 0	
Birth - Date	Military Time												
0 8 1 1 2 1	0 8 0 0												
Collection - Date	Military Time												
0 8 1 2 2 1	0 8 0 0												
2. Female <input checked="" type="checkbox"/>	2. Formula only	2. Af. Amer.											
Gestational Age	3. TPN ± Milk	3. Hispanic											
Weeks Days	4. Breastmilk & Formula	4. Asian											
3 9 4	5. NPO <input checked="" type="checkbox"/>	5. Am. Indian											
	6. Other <input checked="" type="checkbox"/>	6. Other <input checked="" type="checkbox"/>											
		6. Other <input checked="" type="checkbox"/>	<table border="1"> <tr> <th>Status</th> <th>Meconium Ileus</th> </tr> <tr> <td>0. Normal</td> <td>1. Yes <input type="checkbox"/></td> </tr> <tr> <td>1. Sick/Premature</td> <td>2. No <input checked="" type="checkbox"/></td> </tr> <tr> <td>2. On Medications</td> <td></td> </tr> <tr> <td>3. Transfused</td> <td></td> </tr> </table>	Status	Meconium Ileus	0. Normal	1. Yes <input type="checkbox"/>	1. Sick/Premature	2. No <input checked="" type="checkbox"/>	2. On Medications		3. Transfused	
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SUBMITTER INFORMATION

NBS Submitter ID Number: 11001100
 Name: PHYSICIANS
 Address: 123 MEDICAL ST. AUSTIN, TX 78758
 City: _____

Check to verify parent information & decision form distributed

Submitter Copy - Retain For Your Records

21-2177001

Time	Military	Time	Military
12:00 AM	0000	12:00 PM	1200
1:00 AM	0100	1:00 PM	1300
2:00 AM	0200	2:00 PM	1400
3:00 AM	0300	3:00 PM	1500
4:00 AM	0400	4:00 PM	1600
5:00 AM	0500	5:00 PM	1700
6:00 AM	0600	6:00 PM	1800
7:00 AM	0700	7:00 PM	1900
8:00 AM	0800	8:00 PM	2000
9:00 AM	0900	9:00 PM	2100
10:00 AM	1000	10:00 PM	2200
11:00 AM	1100	11:00 PM	2300

TIPS TO ENSURE ACCURATE TEST RESULTS

- Always record as much information as possible correctly on the demographic form.
- If available, record all time of birth and time of collection in Military Time*.
- *Conversion chart included for reference.
- Record all dates in MM/DD/YY format (month, day, year) to ensure proper classification of specimens into first and second screens.
- The first newborn screen should be collected between 24 - 48 hours of age, or before hospital discharge.



Why is it important to collect the first Newborn Screen after 24 hours of life?

The Texas Department of State Health Services Newborn Screening Laboratory's recommendation for collection of the first newborn screening specimen is within 24 to 48 hours of birth. For the accurate interpretation of test results, timing of blood spot collection is very important. DSHS testing algorithms are determined down to the minute. Specimens collected outside of the 24 to 48 hour window may have different cut off values than those collected within the ideal time frame.

There are circumstances for collection before the 24 hours, like before transfusion. For guidelines on specimen collection in special circumstances please visit <https://www.dshs.texas.gov/lab/nbsSpecialC.shtm>.

Other Helpful Resources



General newborn screening specimen collection questions:

[dshs.texas.gov/lab/nbs_collect_reqs.shtm](https://www.dshs.texas.gov/lab/nbs_collect_reqs.shtm)



Newborn screening collection video:

<https://www.youtube.com/watch?v=vxshWngJ114>



Healthcare provider resources:

[dshs.texas.gov/lab/nbsHCRes.shtm](https://www.dshs.texas.gov/lab/nbsHCRes.shtm)



DSHS Newborn Screening Laboratory Contact:

Email: NewbornScreeningLab@dshs.state.tx.us

or call 1-888-963-7111 ext. 7333



Monthly newborn screening facility report cards:

Sign up for Texas Newborn Screening Web Application (Neometrics) to access your facility's report card. Find the sign-up forms here:

[dshs.texas.gov/lab/nbsRDSforms.shtm](https://www.dshs.texas.gov/lab/nbsRDSforms.shtm)

