



BIOCHEMISTRY AND GENETICS BRANCH
 LABORATORY SERVICES
 PO BOX 149347
 AUSTIN, TX 78714-3194

ATTENTION NEWBORN SCREENING SUBMITTERS

**CHECK THE EXPIRATION DATE ON YOUR
 NEWBORN SCREENING KITS**

Newborn Screening kits with a serial number beginning with **10 (10-XXXXXXX)** EXPIRE TODAY, April 2, 2013.

TODAY IS THE LAST DAY TO COLLECT ON 2010 KITS

*All specimens collected on '10 kits after today must be **REJECTED** and require a redraw.*

Infant's Last Name Infant's First Name Infant's Date of Birth
 MM/DD/YYYY
 Serial Number TX 10-XXXXXXX

**Texas Newborn Screening –
 IMPORTANT – Parent Take to Doctor**

Parent:
 Take your baby and this form to your baby's doctor when your baby is 1-2 weeks of age. The State of Texas requires that every baby be screened at 1-2 days and again at 1-2 weeks of age. The screen is done on blood taken from a heel stick and tests for a number of rare disorders that can cause mental retardation or death. It is important that you take this form to the baby's doctor so that your infant's first and second screen can be linked. For more information on the Texas Newborn Screen refer to the website listed below. For information on the use and storage of newborn screening specimens see <http://www.dshs.state.tx.us/lab/newbornscreening.shtm>.

Estimados padres:
 Lleve a su bebé junto con este formulario al médico de su bebé cuando el bebé tenga de 1 a 2 semanas de edad. El estado de Texas requiere que todos los bebés tengan una revisión médica al 1 ó 2 días de nacidos y otra vez a la edad de 1 a 2 semanas. Se revisa la sangre tomada con un piquete en el talón y se hacen pruebas para detectar varias enfermedades raras que podrían causar retraso mental o la muerte. Es importante que lleve este formulario al médico de su bebé para que relacionen la primera revisión de su niño con la segunda. Si desea más información sobre la Revisión de recién nacidos de Texas consulte el siguiente "website". Para informarse sobre el uso y el almacenamiento de las muestras para las pruebas de detección temprana consulte <http://www.dshs.state.tx.us/lab/newbornscreening.shtm> (contenido en inglés).

Texas Department of State Health Services – Newborn Screening Program
 P.O. Box 149347, Austin, Texas 78714 - 9347
<http://www.dshs.state.tx.us/lab/newbornscreening.shtm> (800) - 252-8023

Expires 04/02/2013

Provider/Submitter Instructions:
 Complete Infant's Last Name, First Name and Date of Birth.
 For 1st screen:
 Remove this PARENT COPY and give to the parent. Inform the parent that they MUST take this form to their infant's doctor at the baby's 1-2 week check-up.
 For 2nd screen:
 Write the serial number from the 1st screen PARENT COPY (brought to you by the parent) in the box labeled "Previous Specimen Serial Number" in the Newborn Information area of the demographic form for the specimen being submitted.
 Retain the PARENT COPY from the 2nd screen in the patient chart. If an additional screen is requested, use this serial number on the additional screen form.
 For ALL screens:
 Remove page 2 titled "Use and Storage of Newborn Screening Blood Spot Cards" of this kit and give to the parent. Then check the box on the Demographic Information (DSHS copy) page to indicate that page 2 was distributed.

MEDICAID / CHIP / CHARITY

Do you still have '10 kits?

Call 1-888-963-7111 X7661 for assistance or more information.

Questions / Comments

Call toll free: 1-888-963-7111 ext. 7333 or for local calls 512-776-7333

Email: NewbornScreeningLab@dshs.state.tx.us

Website: <http://www.dshs.state.tx.us/lab/newbornscreening.shtm>