

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

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.

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

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: _____
 Birth - Date: 0 8 1 1 2 1 Military Time: 0 8 0 0
 Collection - Date: 0 8 1 2 2 1 Military Time: 0 8 0 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

Sex	Feed	Ethnicity
1. Male <input type="checkbox"/>	1. Breastmilk only	1. White
2. Female <input checked="" type="checkbox"/>	2. Formula only	2. Af. Amer.
Gestational Age	3. TPN ± Milk	3. Hispanic
Weeks: 3 9 Days: 4	4. Breastmilk & Formula	4. Asian
	5. NPO <input checked="" type="checkbox"/>	5. Am. Indian
		6. Other <input checked="" type="checkbox"/>

For DSHS use only

Status	Meconium Ileus
0. Normal	1. Yes <input type="checkbox"/>
1. Sick/Premature	2. No <input checked="" type="checkbox"/>
2. On Medications	
3. Transfused	
4. Both 1 & 2	
5. Both 1 & 3	
6. Both 2 & 3	
7. All 1-3	

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

21-2177001

Submitter Copy - Retain For Your Records

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



Newborn screening collection video:

<https://clsi.org/nbs01-gate/>



DSHS Newborn Screening Laboratory Contact:

Email: NewbornScreeningLab@dshs.state.tx.us

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

