



GUIDE TO COMPLETING YOUR INITIAL MISSOURI NEWBORN SCREENING FORM

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">INITIAL NEWBORN SCREENING</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">MO 580-1377</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">7300525 W231</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">LOT</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">EXP 2030-01-31</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">REF 10534735 Rev. AG</p>	HOSPITAL USE		NO WRITING OR STICKERS IN THIS AREA	
	PRINT ONLY		INITIAL MISSOURI NEWBORN SCREENING Missouri State Public Health Laboratory 101 N. Chestnut Street Jefferson City, MO 65101	
	1. Baby's Name (Last, First) ★		18. Baby's Race/Ethnicity (check all that apply)	
	2. Date of Birth ★ Military Time	3. Date of Collection ★ Military Time	<input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan	19. Baby's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	4. Baby's Medical Record Number	5. Mother's Medical Record Number	<input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander ★	20. Gestation Age at Birth (Weeks) ★
	6. Mother's Name (Last, First) ★		<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic	21. Birth Weight (Grams) ★
	7. Street Address / P.O. Box ★		<input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	
	8. City	9. State	22. Birth Order If multiple, indicate birth order: <input type="checkbox"/> Single <input type="checkbox"/> Multiple → <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> _____	
	10. Zip Code	23. Feeding Type (check all that apply) <input type="checkbox"/> Breast <input type="checkbox"/> Milk Base <input type="checkbox"/> Non-Lactose <input type="checkbox"/> TPN		
	11. Mother's Phone Number		24. Altered Health Status (check all that apply) ★ <input type="checkbox"/> Sick <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anomalies <input type="checkbox"/> Meconium Ileus (bowel obstruction)	
12. Guardian name (if different from mother) ★		25. Any RBC Transfusion? (if multiple, list most recent) Transfusion Date Military Time <input type="checkbox"/> No ★ <input type="checkbox"/> Yes → / /		
13. Guardian phone number		26. CCHD Screen (Pulse Oximetry) ★ Final Result <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Screened Date Screened / / ECHO performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. FIRST Name of Baby's Provider ★		AFFIX SUBMITTER LABEL Submitter's Name and Address		
15. LAST Name of Baby's Provider				
16. Clinic Name				
17. Provider Phone Number				



SUBMITTER COPY

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1. Baby's Name: As it appears on the medical record.
2-3. Date of Birth and Date of Collection: Both are critical for results. The date of collection box cannot be amended if is incomplete or inaccurate.
6. Mother's Name: Birth mother's legal name.
7. Street Address: Address where baby will live.
12-13. Guardianship Information: Only use if someone other than birth mother will have legal guardianship of baby.

14-17. Provider Information: First and last name, clinic name and phone number for provider who will care for baby after discharge. If the baby is in the NICU, use the neonatologist.
18. Baby's Race/Ethnicity: Race as mother would identify and list "unknown" if you aren't sure.
20. Gestational Age at Birth: Length of pregnancy, listed in weeks.
21. Birth Weight: Birth weight, not adjusted weight or current weight.

24. Altered Health Status: Mark "Sick" if baby is in NICU. Mark "Antibiotics" if given to baby, not the mother, in the last 48 hours. Mark "Meconium Ileus" if baby has a bowel obstruction. This is different than meconium-stained fluid.
25. RBC Transfusion: Report date and ending time of most recent transfusion.
26. CCHD Screen: Critical congenital heart disease (CCHD) is now being reported on this form. Pulse oximetry numbers no longer need to be reported.