



GUIDE TO COMPLETING YOUR INITIAL

MISSOURI NEWBORN SCREENING FORM

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)		2. Date of Birth		3. Date of Collection	18. Baby's Race/Ethnicity (check all that apply)
		4. Baby's Medical Record Number	5. Mother's Medical Record Number	19. Baby's Sex	20. Gestation Age at Birth (Weeks)
6. Mother's Name (Last, First)		7. Street Address/ P.O. Box		21. Birth Weight (Grams)	22. Birth Order
8. City		9. State	10. Zip Code	23. Feeding Type (check all that apply)	
11. Mother's Phone Number		12. Guardian name (if different from mother)		24. Altered Health Status (check all that apply)	
13. Guardian phone number		14. FIRST Name of Baby's Provider		25. Any RBC Transfusion? (if multiple, list most recent)	
15. LAST Name of Baby's Provider		16. Clinic Name		26. CCHD Screen (Pulse Oximetry)	
17. Provider Phone Number				Final Result	

EXP 2030-01-31 REF 10534735 Rev AG

MO 580-1377

LOT 7300525 W231

B240416013

NS

SUBMITTER COPY

AFFIX SUBMITTER LABEL
Submitter's Name and Address

1. Baby's Name: Baby's legal name.

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.