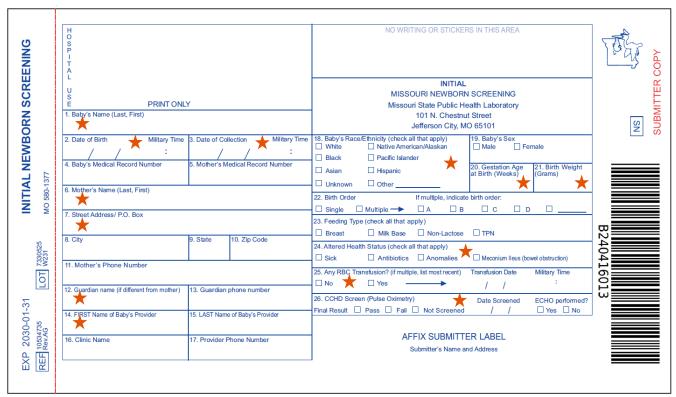


## GUIDE TO COMPLETING YOUR INITIAL

## **MISSOURI NEWBORN SCREENING FORM**



- 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 quardianship 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 lleus" 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.