



GUIDE TO COMPLETING YOUR INITIAL

MISSOURI NEWBORN SCREENING FORM

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

EXP 2030-01-31
 REF 10534735 Rev AG
 MO 580-1377
 LOT 7300525 W231

B240416013

SUBMITTER COPY

AFFIX SUBMITTER LABEL
Submitter's Name and Address

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.