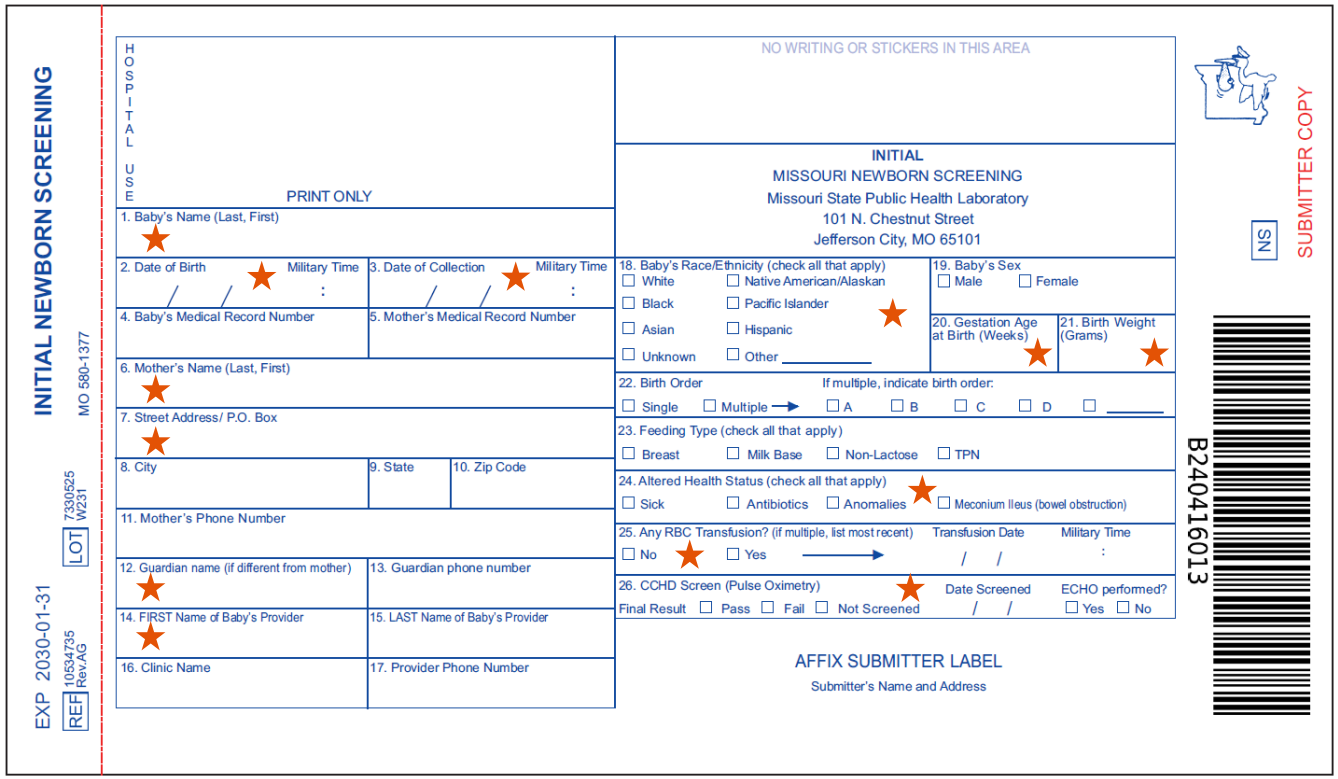
GUIDE TO COMPLETING YOUR INITIAL

MISSOURI NEWBORN SCREENING FORM



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.