

Collection Form

The Lab 10 form is used for blood specimen collection for newborn screening. These forms may be obtained at parish health units. There are two (2) different types of Lab 10 forms, which are color coded.

1. For infants covered by Medicaid, including those in the Kid-Med Program, blue border forms are used. There is no charge to private providers for these blue border forms.
2. For infants not covered by Medicaid (private pay and insurance), red border Lab 10 forms are used. These red border Lab 10 forms are \$30.00 each.
3. Private providers should order a mix of red and blue Lab 10 forms from the local parish health unit. (In Orleans Parish, Lab 10 forms are available at the OPH Regional Office.)
4. For non-Medicaid families with a financial status of greater than 100% of the Poverty Guidelines as established by the Department of Health and Hospitals and who attend a parish health unit for just the newborn screening service, the parent or guardian will be charged \$30.00 for the NBS test.
5. Use the most current year Lab 10 form.
6. Old or damaged forms may be returned to the health unit for exchange.

Storage and Use of Lab 10 Form

Storing the Form

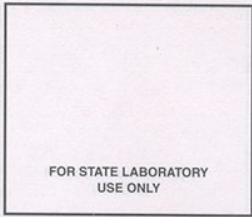
- Store forms in a clean, dry place in a vertical position on their sides.
- Check the expiration date. Use the most current year form.

Using the Lab 10 Form

- Use blue form for Medicaid patients.
- Use red form for non-Medicaid patients.
- Make sure both the form and filter paper are intact and not contaminated or altered.
- Do not touch the filter paper portion of the form with your hands, even with gloves.
- Print all information completely, accurately and legibly using a ballpoint pen and applying enough pressure to print through all copies.
NOTE: Missing information could cause delays in follow-up or treatment. In case of an unsatisfactory or presumptive positive specimen, the information on the form is used to notify the provider and locate the infant.
- Give the blue copy of the form to the parent.
- Place the yellow copy of the form in the infant's chart.

Filter Paper Specimen (Lab 10) Form

Print Legibly



Last Name _____ First _____
 Address _____ Parish _____
 City _____ State _____ Zip code _____
 Patient ID # _____ Hospital ID # _____

Lab#/Date Received _____ Sex _____ Race _____

Date of Birth ____/____/____ Time of Birth ____:____ am pm (circle one)

Date Collected ____/____/____ Time Collected ____:____ am pm (circle one)

Mother's Last Name _____ Mother's First Name _____ MI _____
 Mother's SS # _____ Mother's Telephone # _____ Mother's Age _____
 Or Contact # _____

Pregnancy: Premature _____ Full Term _____ Birth Weight _____ grams

Gestational Age _____ weeks TPN _____ Yes _____ No

Multiple Birth _____ Yes _____ No Infant Blood Transfusion _____ Yes _____ No

Hospital of Birth _____ If yes, please give date _____

*Primary Care Physician _____ Primary Care Physician Phone # _____

***Sender please provide a copy of analytical results to the above named primary care physician.**

Sender Name _____ Sender Code _____

Address _____ Phone Number _____

City, State, Zip Code (14) _____

Check Test(s) Requested

Full Screen Repeat screen due to abnormal result(s) or unsatisfactory specimen

Caution: Please Read Information on Back of Form Before Collecting Specimen
Note: Please give the parent/guardian the blue copy and keep the yellow copy for your chart.

S&S 903[®] LOT # W-031 2004 **B** MAIL FORM(S) DAILY **1009150**
 LABORATORY

SEE BACK FOR DIRECTIONS ON THE PROPER COLLECTION OF THE SPECIMEN - BLOOD MUST BE APPLIED TO ONE SIDE ONLY IN ONE APPLICATION UNTIL CIRCLE IS COMPLETELY SATURATED. **DO NOT DETACH SPECIMEN (FILTER PAPER) FROM FORM**



1009150

LABORATORY REQUEST AND REPORT FORM
 NEWBORN SCREENING
 WRITE FIRMLY - Use Ballpoint Pen or Type

Expiration Date: 08/2006
 L-6108104
 LAB 10 Rev. 8/2003
 La. DHH Office of Public Health
 DIVISION OF LABORATORY SERVICES

Instructions for the Filter Paper Specimen (Lab-10) Form

Last Name – Print infant's last name

First Name - Print infant's first name. If infant does not have a first name yet, enter "Boy" or "Girl." If infant is one of a multiple birth, indicate the birth order by using A, B, C etc. i.e. "Girl A", "Boy B." Do NOT enter mother's first name.

Address – Enter mother's current residence including street address, city, parish, state and zip code

Patient ID, Hospital ID – Print the unique patient and hospital identification numbers assigned to the infant in the hospital

Lab#/Date Received – Leave blank, this will be completed by the State Lab

Sex & Race – Record infant's gender and race

Date of Birth – Record as mm/dd/yy

Time of Birth – Record exact time of birth in hours and minutes; circle AM or PM

Date Collected - Record as mm/dd/yy. The infant's age at the time of specimen collection is needed to evaluate the results

Time Collected – Record the time of specimen collection in hours and minutes; circle AM or PM

Mother's Last Name, First Name, MI – Print mother's legal last name, first name and middle initial

Mother's SS # - Print mother's social security number

Mother's Telephone Number – Area code and home number where the infant's mother can be reached. A working number is essential to locate the child in the case of abnormal or inconclusive results

Mother's Age – Mother's age at the time of birth

Pregnancy – Check either Premature or Full term

Birth Weight – Birth weight of the infant in grams

Multiple Birth – Check either yes or no

Infant Blood Transfusion – Check yes or no. If yes print the date of the *last* transfusion.

Hospital of Birth – Enter the name of the hospital where the child was born

Attending Physician

1. In-hospital NBS
 - a. For babies being discharged from the nursery, print the name of the baby's primary care physician after discharge
 - b. For babies in NICU, print name of the attending physician
2. Non-hospital NBS – print the name of the primary care physician

Sender Name & Address - Print the name and complete address of the NBS submitter. The report will be mailed to this address.

Sender Code – Print the registered code of the submitter

Sender Phone Number – Enter area code and phone number of the sender

Check Test(s) Requested – Check Full Screen or Repeat