

Form Name	New Jersey IEM-1
Design ID	
Version	
Design Date	08/09/24 JM

Approved Not Approved

Signature

Print Name	Date
------------	------

Term	Percentage
GMOs	~35%
Organic	~85%
Natural	~75%
Artificial	~25%
Organic	~80%
Natural	~70%
Artificial	~20%
Organic	~75%
Natural	~65%
Artificial	~15%
Organic	~70%
Natural	~60%
Artificial	~10%

Form Name	New Jersey IEM-1
Design ID	[REDACTED]
Version	[REDACTED]
Design Date	08/09/24 JM

Front of Form (Flap Folded)

All measurements can vary +/- 1/16" (1.6mm).

Manufacturing equivalent substitutions allowed for demographic papers

Glue lines are between the stubs of parts 1, 2, 3, 4, and 6 and in between parts 4 and 5.

Dotted Magenta lines signify perf lines.

Perf: 3/4"

Folded Flap: 1 1/2"

DO NOT USE THIS FORM AFTER 08/31/2029

BABY'S LAST NAME (PRINT) **SN 24100001**

Parents and Legal Guardians,

Newborn Screening is an important public health service that can protect your baby. Babies may look healthy but have certain rare health problems, which can be found by taking a small amount of blood from a baby for testing. The Newborn Screening program currently conducts tests for more than 60 disorders.

Five blood drops have been taken from your baby's heel and sent to the New Jersey Newborn Screening Laboratory for initial testing, which will be completed in the next few days. You have received the brochure "These Tests Could Save Your Baby's Life," which is also available at <https://www.nj.gov/health/fhs/nbs/bloodspot/>. This brochure has more information about Newborn Screening.

Please take this notice to your baby's doctor, who can get a copy of your baby's test results by contacting the Newborn Screening Laboratory.

Por favor lleve esta carta al doctor de su bebé.

DO NOT REMOVE THIS COVER FLAP
It is for the protection of the specimen and the specimen handlers.

OPEN this flap to uncover the circles for blood collection AND leave open while drying.

BEFORE submitting the specimen:
Make sure the spots are completely dry and the protective flap is folded over the dried blood spots.

 **BIOHAZARD**

PARENT COPY

Total Form Height (all parts)
4" (106mm)

Total Form Length (flap folded)
10" (254mm)

Form Name	New Jersey IEM-1
Design ID	[REDACTED]
Version	[REDACTED]
Design Date	08/09/24 JM

Face of Part 1 (copy on back)

All measurements can vary +/- 1/16" (1.6mm).

Manufacturing equivalent substitutions allowed for demographic papers
Glue lines are between the stubs of parts 1, 2, 3, 4, and 6 and in between parts 4 and 5.

Dotted Magenta lines signify perf lines.

Perf: 3/4"

DO NOT USE THIS FORM AFTER 08/31/2029

BABY'S LAST NAME (PRINT) [REDACTED] SN 24100001

Parents and Legal Guardians,

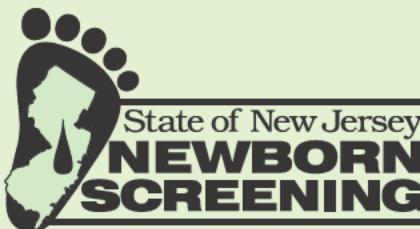
Newborn Screening is an important public health service that can protect your baby. Babies may look healthy but have certain rare health problems, which can be found by taking a small amount of blood from a baby for testing. The Newborn Screening program currently conducts tests for more than 60 disorders.

Five blood drops have been taken from your baby's heel and sent to the New Jersey Newborn Screening Laboratory for initial testing, which will be completed in the next few days. You have received the brochure "These Tests Could Save Your Baby's Life," which is also available at <https://www.nj.gov/health/fhs/nbs/bloodspot/>. This brochure has more information about Newborn Screening.

Please take this notice to your baby's doctor, who can get a copy of your baby's test results by contacting the Newborn Screening Laboratory.

Por favor lleve esta carta al doctor de su bebé.

PARENT COPY



New Jersey
Department of Health

<http://www.newbornscreening.nj.gov>

Total Form Height
(all parts)
4" (106mm)

Part 1: 20# Green Bond
Black and Red 185 ink face,
Black ink only on back,
(1) 3/16" Red 185 mechanical number on face,
(1) static QR code on back,
Shaded Words & Lines = 20% Black,
8 1/2" (215.9mm)

Form Name	New Jersey IEM-1
Design ID	[REDACTED]
Version	[REDACTED]
Design Date	08/09/24 JM

Back of Part 1 (copy on face)

All measurements can vary +/- 1/16" (1.6mm).

Manufacturing equivalent substitutions allowed for demographic papers

Glue lines are between the stubs of parts 1, 2, 3, 4, and 6 and in between parts 4 and 5.

Dotted Magenta lines signify perf lines.

In accordance with Department of Health (DOH) policy, the sample taken from your baby will be securely stored for 2 years to ensure the integrity of your baby's tests results (for example, to rule out false positive or false negative results). If we do not hear otherwise from you, we will destroy the sample after 2 years.

At your request, the blood sample from your baby's Newborn Screening can be:

1. Destroyed at any time after initial testing, including before your child is 2 years old.
2. Stored for additional time, up to 8 years beyond the initial 2-year retention period.

DOH uses blood samples from the Newborn Screening program only for the following purposes: (1) newborn screening for your baby; (2) routine quality assurance and quality control for DOH's lab; and (3) developing new tests for disorders. Any blood samples used for the second or third purposes will be de-identified—that is, unlinked from your baby's identifying information.

The sample taken from your baby will not be released in identified form (that is, with identifying information about your baby) to non-law enforcement third parties without your consent. DOH will release your baby's identified blood samples to law enforcement (for example, if your child went missing) only with your consent or consistent with the Attorney General's binding Law Enforcement Directive (available at www.nj.gov/oag/dcji/agguide/directives/). De-identified samples will be released to third parties only as allowed by federal law.

 Scan the QR code below to access the full Newborn Screening bloodspot retention policy, or to fill out and submit either a destruction form or an extended-retention form. These forms are also available at:

www.nj.gov/health/phel/documents/destruction-form.pdf and
www.nj.gov/health/phel/documents/extended-retention-form.pdf

Perf: 3/4"

Total Form Height
(all parts)
4" (106mm)

Part 1: 20# Green Bond
 Black and Red 185 ink face,
 Black ink only on back,
 (1) 3/16" Red 185 mechanical number on face,
 (1) static QR code on back,
 Shaded Words & Lines = 20% Black,
 8 1/2" (215.9mm)

Form Name	New Jersey IEM-1
Design ID	[REDACTED]
Version	[REDACTED]
Design Date	08/09/24 JM

Face of Part 2 (no copy on back)

All measurements can vary +/- 1/16" (1.6mm).

Manufacturing equivalent substitutions allowed for demographic papers

Glue lines are between the stubs of parts 1, 2, 3, 4, and 6 and in between parts 4 and 5.

Dotted Magenta lines signify perf lines.

Perf: 3/4"

↔

BABY'S LAST NAME (PRINT)				SN 24100001	DO NOT WRITE IN THIS AREA!	
Birth Date	Date of Sample	Type of Feeding <input type="checkbox"/> Breast <input type="checkbox"/> HAL/TPN <input type="checkbox"/> Formula <input type="checkbox"/> Other	Antibiotic? <input type="checkbox"/> Yes <input type="checkbox"/> No	BABY'S MEDICAL RECORD NO.		
Birth Time <input type="checkbox"/> am <input type="checkbox"/> pm	Sample Time <input type="checkbox"/> am <input type="checkbox"/> pm	Multiple Birth? <input type="checkbox"/> Yes If Yes, A, B, C, etc.: <input type="checkbox"/> No	Remarks			
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthweight gms	RBC Transfused PRIOR to sample collection? If Yes, give date and time: <input type="checkbox"/> No <input type="checkbox"/> Yes:-	Gestational Age wks			
MOTHER'S NAME (LAST, FIRST) (PRINT)			Mother's Age			
Address		Apt. #	Mother's Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian	4 <input type="checkbox"/> American Indian/ Alaskan Native 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 8 <input type="checkbox"/> Other	Mother's Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	Collector's Initials / Date: _____ Mother's Telephone No.
City, State, Zip						
HOSPITAL NAME AND ADDRESS			BABY'S PHYSICIAN NAME AND ADDRESS			
Telephone No. _____			Telephone No. _____			
IEM-1 AUG 24 2029-08-31		SPECIMEN SUBMITTED BY: <input type="checkbox"/> Hospital <input type="checkbox"/> Baby's Physician			H5782	
NJDOH/NBS LAB COPY						

24100001
NS

↔

Total Form Height
(all parts)
4" (106mm)

Part 2: 20# White CB
Black and Red 185 ink face only,
(1) 3/16" Red 185 mechanical number,
(1) Code 128 barcode with (1) human readable,
Shaded Words & Lines = 20% Black,
8 1/2" (215.9mm)

Form Name	New Jersey IEM-1
Design ID	[REDACTED]
Version	[REDACTED]
Design Date	08/09/24 JM

Face of Part 3 (no copy on back)

All measurements can vary +/- 1/16" (1.6mm).

Manufacturing equivalent substitutions allowed for demographic papers
Glue lines are between the stubs of parts 1, 2, 3, 4, and 6 and in between parts 4

Dotted Magenta lines signify perf lines.

Perf: 3/4"

BABY'S LAST NAME (PRINT)				SN 24100001	DO NOT WRITE IN THIS AREA!		
Birth Date		Date of Sample		Type of Feeding		Antibiotic?	
<input type="checkbox"/> Breast		<input type="checkbox"/> HAL/TPN		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<input type="checkbox"/> Formula		<input type="checkbox"/> Other _____					
Birth Time		Sample Time		Multiple Birth?		Remarks	
<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, A, B, C, etc.: _____	
Gender		Birthweight		RBC Transfused PRIOR to sample collection? If Yes, give date and time:		Gestational Age wks	
<input type="checkbox"/> M <input type="checkbox"/> F		gms <input type="checkbox"/> No <input type="checkbox"/> Yes: _____					
MOTHER'S NAME (LAST, FIRST) (PRINT)				Mother's Age			
Address				Apt. #			
City, State, Zip				Mother's Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian			
HOSPITAL NAME AND ADDRESS				BABY'S PHYSICIAN NAME AND ADDRESS			
Telephone No. _____				Telephone No. _____			
ITEM-1 AUG 24 2029-08-31				SPECIMEN SUBMITTED BY: <input type="checkbox"/> Hospital <input type="checkbox"/> Baby's Physician			
H5782				SN 24100001			
New Jersey Department of Health INITIAL NEWBORN SCREENING REQUEST							
STEP 1 FILL OUT INFORMATION ON FORM ACCURATELY AND COMPLETELY							
STEP 2 TEAR OUT AND KEEP YELLOW COPY AS PROOF OF SPECIMEN COLLECTION							
STEP 3 COLLECT BLOOD							
SEE REVERSE OF FORM FOR ADDITIONAL INSTRUCTIONS							
SUBMITTER COPY							

Part 3: 22# Canary CFB
Black and Red 185 ink face only,
(1) 3/16" Red 185 mechanical number,
(1) Code 128 barcode with (1) human readable,
Shaded Words & Lines = 20% Black,
9 7/8" (250.8mm)

Total Form Height
(all parts)
4" (106mm)

100

Form Name	New Jersey IEM-1
Design ID	[REDACTED]
Version	[REDACTED]
Design Date	08/09/24 JM

Face of Parts 4 and 5 (copy on back)

All measurements can vary +/- 1/16" (1.6mm).

Manufacturing equivalent substitutions allowed for demographic papers

Glue lines are between the stubs of parts 1, 2, 3, 4, and 6 and in between parts 4 and 5.

Dotted Magenta lines signify perf lines.

Perf: 3/4"

↔

BABY'S LAST NAME (PRINT)				SN 24100001	DO NOT WRITE IN THIS AREA!	
Birth Date	Date of Sample	Type of Feeding <input type="checkbox"/> Breast <input type="checkbox"/> HAL/TPN <input type="checkbox"/> Formula <input type="checkbox"/> Other	Antibiotic? <input type="checkbox"/> Yes <input type="checkbox"/> No	BABY'S MEDICAL RECORD NO.		
Birth Time <input type="checkbox"/> am <input type="checkbox"/> pm	Sample Time <input type="checkbox"/> am <input type="checkbox"/> pm	Multiple Birth? <input type="checkbox"/> Yes If Yes, A, B, C, etc.: <input type="checkbox"/> No	Remarks			
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthweight gms	RBC Transfused PRIOR to sample collection? If Yes, give date and time: <input type="checkbox"/> No <input type="checkbox"/> Yes:-	Gestational Age wks			
MOTHER'S NAME (LAST, FIRST) (PRINT)			Mother's Age			
Address		Apt. #	Mother's Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian	4 <input type="checkbox"/> American Indian/ Alaskan Native 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 8 <input type="checkbox"/> Other	Mother's Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	Collector's Initials / Date: _____ Mother's Telephone No.
City, State, Zip						
HOSPITAL NAME AND ADDRESS			BABY'S PHYSICIAN NAME AND ADDRESS			
Telephone No. _____			Telephone No. _____			
IEM-1 AUG 24 Revity™ 226 Ahlstrom		SPECIMEN SUBMITTED BY: <input type="checkbox"/> Hospital <input type="checkbox"/> Baby's Physician		H5782		
LOT 116983 / 30310006		<input checked="" type="checkbox"/> 2029-08-31		NJDOH/NBS LAB COPY		

↑
Total Form Height
(all parts)
4" (106mm)

↑
24100001
SN

↔
Completely fill 5 circles with blood.

Part 4: 33# White CF

Black and Red 185 ink face only,

(1) 3/16" Red 185 mechanical number on face,

(1) Code 128 barcode with (1) human readable on face,

Shaded Words & Lines = 20% Black,

8 1/2" (215.9mm)

Part 5: [REDACTED]

ID0606 ink face and
back, 3/16" Black
mechanical numbers

Face only, Circles are

12.7mm ID,
2" (50.8mm)

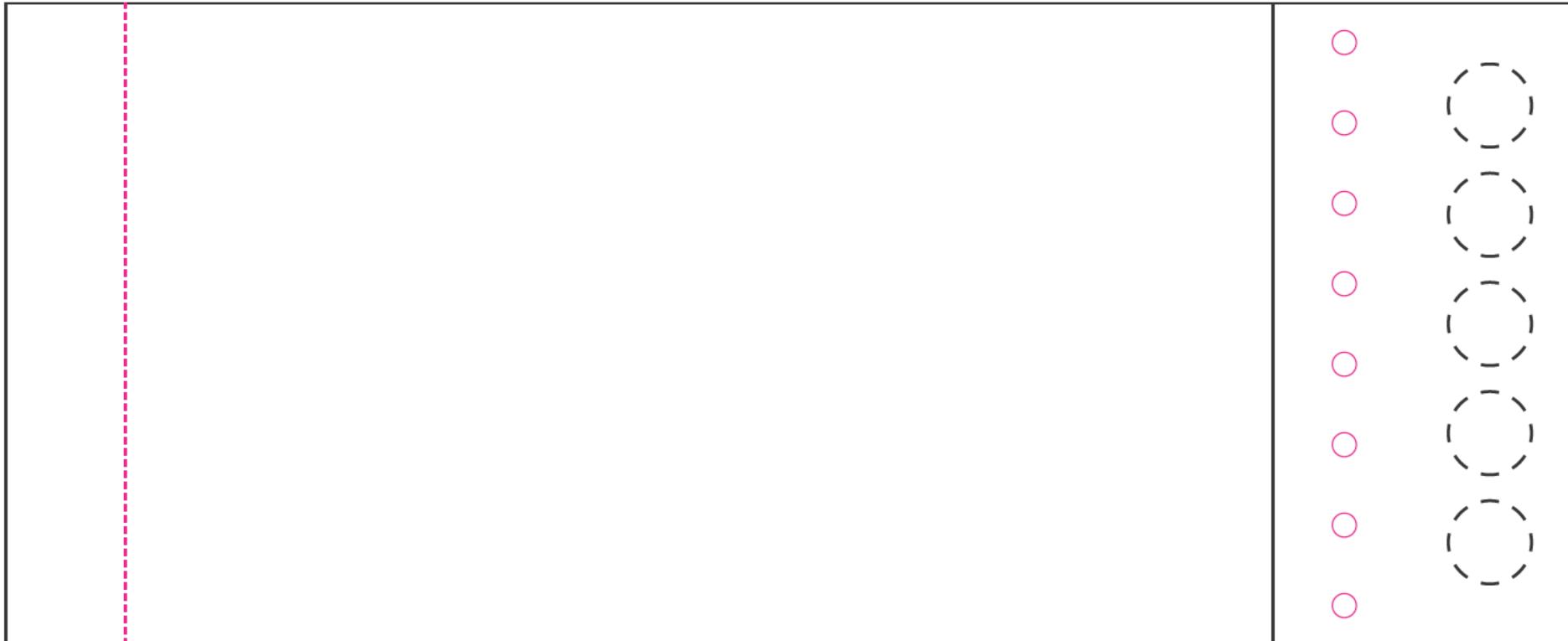
Form Name	New Jersey IEM-1
Design ID	[REDACTED]
Version	[REDACTED]
Design Date	08/09/24 JM

Back of Parts 4 and 5 (copy on face)
 All measurements can vary +/- 1/16" (1.6mm).
 Manufacturing equivalent substitutions allowed for demographic papers
 Glue lines are between the stubs of parts 1, 2, 3, 4, and 6 and in between parts 4 and 5.

Dotted Magenta lines signify perf lines.

○ ○ ○ Magenta circles signify line holes.

Perf: 3/4"



Total Form Height
 (all parts)
 4" (106mm)

Part 4: 33# White CF

Black and Red 185 ink face only,
 (1) 3/16" Red 185 mechanical number on face,
 (1) Code 128 barcode with (1) human readable on face,
 Shaded Words & Lines = 20% Black,
 8 1/2" (215.9mm)

Part 5: [REDACTED]
 ID0606 ink face and
 back, 3/16" Black
 mechanical numbers
 Face only, Circles are
 12.7mm ID,
 2" (50.8mm)

Form Name	New Jersey IEM-1
Design ID	[REDACTED]
Version	[REDACTED]
Design Date	08/09/24 JM

Back of Part 6 (no copy on face)

All measurements can vary +/- 1/16" (1.6mm).

Manufacturing equivalent substitutions allowed for demographic papers

Glue lines are between the stubs of parts 1, 2, 3, 4, and 6 and in between parts 4 and 5.

Dotted Magenta lines signify perf lines.

○ ○ ○ Magenta circles signify line holes.

Perf: 3/4"



Folded Flap: 1 1/2"



INSTRUCTIONS

Fill in information on form completely. Print clearly in Pen. Press firmly to assure legibility.

1. Hold infant's limb in a dependent position to improve blood flow.
2. Clean heel thoroughly. Wipe with alcohol and dry before puncturing.
3. Puncture heel with sterile lancet deep enough to assure free flow of blood. Wipe puncture site with dry swab.
4. Allow large blood droplet to form.
5. Touch filter paper to blood and allow to soak through completely in each circle. Total saturation of circles must be evident when the paper is viewed on both sides. DO NOT APPLY BLOOD TO BOTH SIDES.
6. ALLOW BLOOD SPOTS TO AIR DRY FOR THREE TO FOUR HOURS AT ROOM TEMPERATURE. KEEP AWAY FROM DIRECT SUNLIGHT AND HEAT. NEVER SUPERIMPOSE ONE WET FILTER PAPER ON ANOTHER BEFORE DRYING.
7. When mailing, specimens should not be placed in hermetically sealed mailers (plastic or plasticene envelopes).
8. Submit filter paper cards promptly to the above address, within 24 hours.

NOTE: Specimens may be unsatisfactory if:

- All circles not completely filled.
- Samples oversaturated due to layering of blood or use of capillary tubes.
- Specimen not allowed to dry thoroughly.
- Contaminated.

WARNING:

1. Do not touch sample area.
2. Do not use if damaged.

BIOHAZARD



BEFORE SUBMITTING

Make sure the spots are completely dry and the protective dry tape is folded over the flap is folded over the flap is folded over the dried blood spots.

DO NOT REMOVE THIS COVER FLAP

DO NOT REMOVE THIS COVER FLAP for the protection of the specimen and the specimen handles. If this flap to uncover the circles for blood collection AND leave open while drying.

Part 6: 32# Buff Ledger (Flap Open)
ID333 Black and Red 185 ink back only,
red square screed at 70%
11 1/2" (292.1mm)