New Jersey Newborn Screening
Specimen Collection Form Guidelines – PRINT CLEARLY

NJ Health
New Jersey Department of Health

State of New Jersey NEWBORN SCREENING

Baby's Last Name: *Print LAST name only*

Multiple Births: *Check yes or no. If yes, indicate by writing A, B, C…etc.*

Type of Feeding: *Check type of feeding given**

Antibiotic: *Check yes or no**

within 24 hours of sample collection

Meconium Ileus: *Check yes or no*

Birth Date/Time and Sample Date/Time: *Print date mm/dd/yy. Print time in standard or military*

Remarks: *This is free space to clarify demographic information or add additional information*

Gestational Age: *Print age in weeks only.*

Gender: *Check M or F. If genitals ambiguous, leave section blank and a note in "Remarks"*

Always Check Expiration Date !

Baby's Birthweight: *Enter weight in GRAMS only*

Transfusion: *Check yes or no. If yes, indicate mm/dd AND time*

Mother, Hospital, and Physician Addresses: *Print all information within spaces provided. NO P.O. Box numbers. Add Apt. # if needed. If no phone #, enter secondary contact #*

Blue Bubbles- Critical for test Interpretation

Yellow Bubbles – Critical for Identification

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