

Kansas Health & Environmental Laboratories – Specimen Packaging and Shipping System Guide: Neonatal Submission Form

REF 0034623 Rev.2 LOT W081 XXXXXXXX SN	KANSAS HEALTH & ENVIRONMENTAL LABORATORIES For Neonatal Use Only	
	Select One <input type="checkbox"/> INITIAL <input type="checkbox"/> REPEAT	
	INFANT INFORMATION	
	LAST NAME _____ FIRST NAME _____ SEX <input type="checkbox"/> M <input type="checkbox"/> F BRTHWEIGHT _____ CURRENT WEIGHT _____ HOSPITAL CHART # _____ BIRTHDATE _____ TIME _____ GMS _____ GMS _____ COLLECTION DATE _____ TIME _____ AM PM _____ TRANSFUSED <input type="checkbox"/> YES <input type="checkbox"/> NO MULTIPLE BIRTH <input type="checkbox"/> YES <input type="checkbox"/> NO BIRTH ORDER _____ INFANT ON TPN <input type="checkbox"/> YES <input type="checkbox"/> NO	
	MOTHER'S INFORMATION	
	LAST NAME _____ FIRST NAME _____ ADDRESS _____ ZIP CODE _____ MOTHER'S DOB _____ MOTHER'S RACE _____ <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / PAC ISL <input type="checkbox"/> NATIVE AMER / ALASKAN <input type="checkbox"/> OTHER _____ ETHNICITY _____ MOTHER'S PHONE # _____ <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NON-HISPANIC	
	SUBMITTER INFORMATION	
	NAME OR INITIALS IF NOT LISTED BELOW _____ CHECK BOX NEXT TO NAME <input type="checkbox"/> WESLEY <input type="checkbox"/> KUMC <input type="checkbox"/> STORMONT <input type="checkbox"/> SHAWNEE MISSION <input type="checkbox"/> OPRMC <input type="checkbox"/> IACH <input type="checkbox"/> ST. JOSEPH <input type="checkbox"/> ST. FRANCIS HOSP	
	NEONATAL ID # _____ STREET ADDRESS _____ INFANT'S PRIMARY CARE PHYSICIAN LAST NAME, FIRST NAME _____ ZIP CODE _____ INFANT IN NCU <input type="checkbox"/> YES <input type="checkbox"/> NO PHYSICIAN'S PHONE # _____ COPY TO NCU <input type="checkbox"/> YES <input type="checkbox"/> NO	
	* 1 0 2 1 7 3 0 0 *	

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1



1) Please read Blood Collection Instructions on back of form.

2



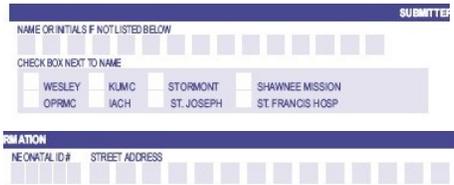
2) Complete the Infant Information section, making sure to complete the Infants Name used on the first specimen submitted.

3



3) Complete the Mother's Information Section directly below the Infant Information Section.

4



4) Complete the Submitter Information Section below the Mother's Information Section. Be sure to complete the address and neonatal ID# areas.

5



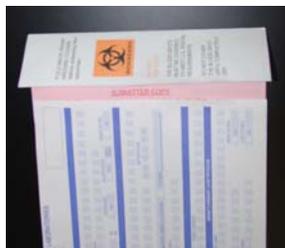
5) Complete the Physician Information Section below the Submitter Information Section.

6



6) Fill in the Mother's Phone Number (if applicable) in the Mother's information section..

7



7) Make sure the flap covers the blood spots. Do not close flap until spots are completely dry.

8



8) Place the form into a leak-proof and breathable envelope. Complete the mailing and return addresses (To & From).

- Please write clearly and neatly.
- Fill in all applicable areas completely.
- Remember to include your neonatal ID, which is different from your facility ID. If you do not know your neonatal ID, call the KDHE Laboratories at: **(785) 296-1620**.
- Neonatal Forms checked out by your facility may only be used by your facility. Please do not share with other facilities.
- Please make sure you mark the type of sample as initial or repeat.