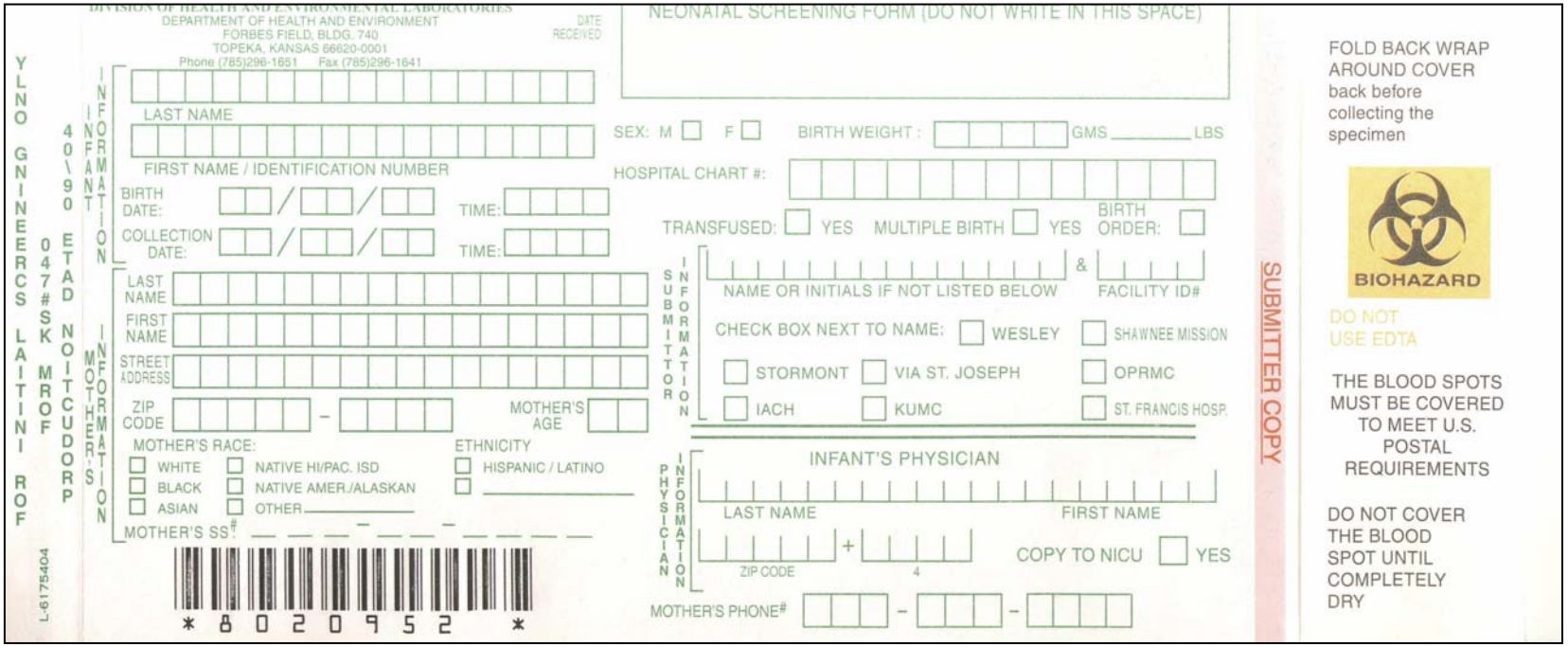
KDHE Division of Laboratories –
Specimen Packaging and Shipping System Pictorial Guide
Initial Neonatal Form



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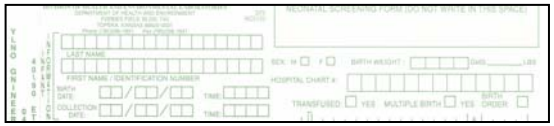
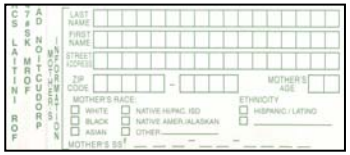
Please read Blood Collection Instructions on back of form.

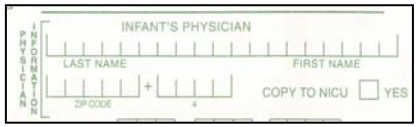


Complete the Infant Information section.



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

Complete the Submitter Information Section to the right of the Mother's Information Section.



Complete the Physician Information Section directly below the Submitter Information Section.

Fill in the Mother's Phone Number (if applicable) below the Physician Information Section.

Make sure the flap covers the blood spots.

Place the form into a leakproof and breathable envelope. Complete the mailing address (To & From) and label diagnostic specimen.

- Please write clearly and neatly.
- Mark all applicable areas completely.
- If you do not know your facility ID, call the Lab 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 are using the correct form. It should have green lettering and be labeled "Initial".