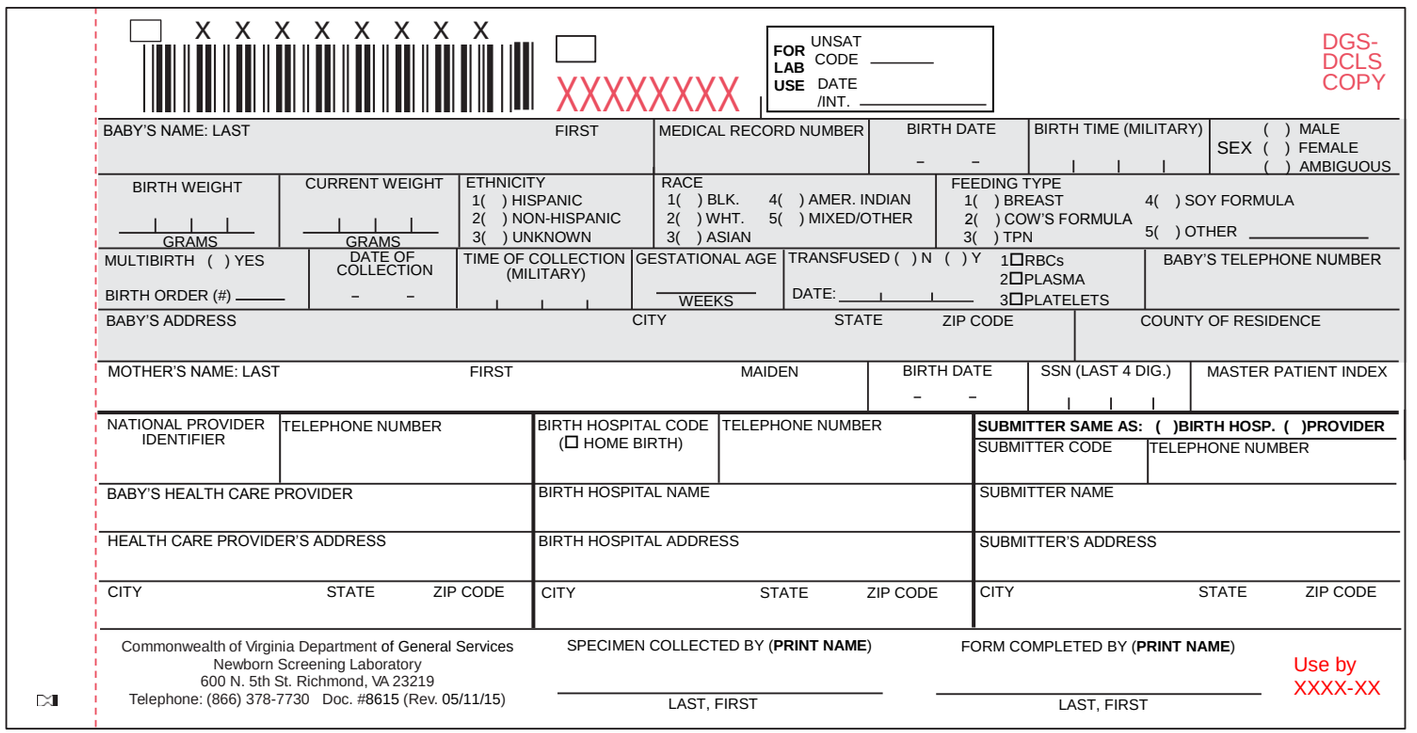
Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

NBS Collection Card



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XXXXXXXX

FOR LAB USE — UNSAT CODE _____ DATE /INT. _____

DGS-DCLS COPY

BABY'S NAME: LAST FIRST | MEDICAL RECORD NUMBER | BIRTH DATE – – | BIRTH TIME (MILITARY) | SEX ( ) MALE ( ) FEMALE ( ) AMBIGUOUS

BIRTH WEIGHT ____ GRAMS | CURRENT WEIGHT ____ GRAMS | ETHNICITY 1( ) HISPANIC 2( ) NON-HISPANIC 3( ) UNKNOWN | RACE 1( ) BLK. 2( ) WHT. 3( ) ASIAN 4( ) AMER. INDIAN 5( ) MIXED/OTHER | FEEDING TYPE 1( ) BREAST 2( ) COW'S FORMULA 3( ) TPN 4( ) SOY FORMULA 5( ) OTHER _____

MULTIBIRTH ( ) YES BIRTH ORDER (#) _____ | DATE OF COLLECTION – – | TIME OF COLLECTION (MILITARY) | GESTATIONAL AGE ____ WEEKS | TRANSFUSED ( ) N ( ) Y DATE: ____ 1☐RBCs 2☐PLASMA 3☐PLATELETS | BABY'S TELEPHONE NUMBER

BABY'S ADDRESS CITY STATE ZIP CODE | COUNTY OF RESIDENCE

MOTHER'S NAME: LAST FIRST MAIDEN | BIRTH DATE – – | SSN (LAST 4 DIG.) | MASTER PATIENT INDEX

NATIONAL PROVIDER IDENTIFIER | TELEPHONE NUMBER | BIRTH HOSPITAL CODE (☐ HOME BIRTH) | TELEPHONE NUMBER | **SUBMITTER SAME AS: ( )BIRTH HOSP. ( )PROVIDER** | SUBMITTER CODE | TELEPHONE NUMBER

BABY'S HEALTH CARE PROVIDER | BIRTH HOSPITAL NAME | SUBMITTER NAME

HEALTH CARE PROVIDER'S ADDRESS | BIRTH HOSPITAL ADDRESS | SUBMITTER'S ADDRESS

CITY STATE ZIP CODE | CITY STATE ZIP CODE | CITY STATE ZIP CODE

Commonwealth of Virginia Department of General Services
Newborn Screening Laboratory
600 N. 5th St. Richmond, VA 23219
Telephone: (866) 378-7730 Doc. #8615 (Rev. 05/11/15)

SPECIMEN COLLECTED BY (**PRINT NAME**) _____ LAST, FIRST

FORM COMPLETED BY (**PRINT NAME**) _____ LAST, FIRST

Use by XXXX-XX

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