

Form Name	Pennsylvania NBS
Design ID	PANB20171204034
Version	034
Design Date	12/04/17 CS

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 5 and 6

Dotted Magenta lines signify pert lines.

Stub: 7/16"


Folded Flap: 19/16"

Pennsylvania Department of Health PA170145201	
D k e m e n <input type="checkbox"/> Initial FP#: Birth Facility Name (Home if home birth) Submitter Name Address, no CODE gVOn BABY'S Name (Last) BABY'S Name (First) Baby's Name & d Discharge Mother's Date of Birth MOTHER'S Name (Last) MOTHER'S Name (First MI) Street (PO Box) City State Zip Mother's E-mail Mother's Phone # Emergency Contact Emergency Contact # Medical History: Ove, 0 No Mothers Medical History: <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> on SIMOids ODlabel&S O0t18r: HB: 0 Pos. 0 Neg. 0 Unknown	0Female <input type="checkbox"/> 0Male <input type="checkbox"/> 0Unknown <input type="checkbox"/> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Birth Date Time (Military) Birth Weight D QMS D lbs.oz. Current Weight 0 gm. 0 lbs.oz. Collection Date Time (Military) Down By Weeks GVI Medical Record <input type="checkbox"/> Transfused <input type="checkbox"/> Other Time (Military) ONICU <input type="checkbox"/> Oeamano Race (check all that apply): H-S0aJc? Qve, 0 No <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Pac. Isl. <input type="checkbox"/> Asian <input type="checkbox"/> Am. Ind. <input type="checkbox"/> OIM, Newborn PCP Practice Name Street (PO Box) City State Zip PCP Phone Number Put,ex: Qpas-sed <input type="checkbox"/> failed Date: / / Time (Military) In not period mtd J reason: D refuse-S O p,uiatal fital echocardiogram 0 birth weight <1500 gms

FOLD BACK DURING DRYING BUT DO NOT REMOVE THIS COVER FLAP. IT IS FOR THE PROTECTION OF THE SPECIMEN HANDLERS.

PLEASE MAKE SURE THAT THE BLOOD SPOTS ARE COMPLETELY DRY

AND PROTECTIVE FLAP IS IN PLACE BEFORE SUBMITTING SPECIMEN



Total Form Height (all parts): 5" (127mm)

Total Form Length (Flap Folded): 9 5/8" (244.48mm)