Filter Paper Completion Guidelines

The proper time to collect a filter paper specimen varies depending on the health of the newborn. Factors that most often dictate the proper time to collect the filter specimen are the gestational age, premature or full-term delivery of when the newborn was birthed and whether the newborn was cared for in the well-baby nursery or within the NICU. Please review the following information below outlining the proper time(s) to collect a filter paper specimen as well as how to properly complete the filter paper information.

Filter Paper Collection Timeliness:

Premature/NICU: When a newborn is birthed prematurely or requires specialized care and is cared for in the NICU, several filter paper specimens are required to verify the newborn has received a valid newborn screening, and to monitor the newborns health during an important stage in their development.

- The initial specimen should be collected at birth.
- A second specimen is recommended to be collected at 24-72 hour of life.
- A third specimen should be collected at 28 days of life, or at discharge, whichever comes first.
- A specimen must be collected **BEFORE** a blood transfusion takes place, regardless of age.
- A specimen should be collected before a transfer to another hospital. (Please alert the receiving hospital if newborn specimen was not obtained.)

Well Baby: Full term newborns who are not experiencing health issues requiring specialized care are considered well babies.

- A filter paper specimen should be collected at 24-48 hours of life.

Please Note

Newborn screening specimens should be collected before discharge of all infants being discharged prior to 24 hours of life.

Revised 1/2024

Pennsylvania Department of Health
Newborn Screening Specimen
Phone: (717) 783-8143 • TTY: (717) 783-6514

TOP COPY FOR LAB; SUBMITTER MAY KEEP YELLOW COPY

☐ Monitor for _____

SN **PA220795501**

EXPIRES 2028-05-31

PENNSYLVANIA DEPT. OF HEALTH [IVD]

GIVE TO PARENT / LEGAL GUARDIAN

☐ Initial Specimen ☐ Repeat Specimen → Initial FP#:

☐ Female ☐ Male ☐ Unknown

Birth Facility/Out-of-hospital Provider Name   Code

☐ Single Birth ☐ Multiple Birth → If Multiple: ☐ A ☐ B ☐ C ☐ Other: _____

Submitter Name   Code

Birth Date ___/___/___   Time (Military) ___:___   Birth Wt.: _____ grams
Current Wt.: _____ grams

Address if no CODE given

Collection Date ___/___/___   Time (Military) ___:___   Drawn By: _____

BABY'S Name (Last)   BABY'S Name (First)

Weeks Gest.:   Medical Record #:

Baby's Last Name at Discharge   Baby's First Name at Discharge

Transfusion Type: PRBC   Date: ___/___/___   Time (Military) ___:___
Transfusion Type: FFP   Date: ___/___/___   Time (Military) ___:___
Transfusion Type: PLT   Date: ___/___/___   Time (Military) ___:___

MOTHER'S Name (Last)   MOTHER'S Name (First, MI)

☐ Hyperal ☐ Carnitine ☐ NICU ☐ Meconium Ileus

Street (PO Box)

Race (check all that apply):   Hispanic?: ☐ Yes ☐ No
☐ White ☐ Black ☐ Pac. Isl. ☐ Asian ☐ Am. Ind. ☐ Other

City   State   Zip

Newborn PCP / Practice Name

Mother's E-mail   Mother's Phone # (___) ___-____

Street (PO Box)

Emergency Contact   Emergency Contact # (___) ___-____

City   State   Zip

Mother's Date of Birth ___/___/___   Medical Assistance: ☐ Yes ☐ No

PCP Phone Number (___) ___-____

Mother's Primary Language if not English:

AFFIX ACCESSION LABEL HERE

Pulse ox: ☐ passed ☐ failed Date: ___/___/___ Time (Military) ___:___
If not performed √ reason:
☐ refused ☐ prenatal fetal echocardiogram ☐ postnatal echocardiogram performed
☐ birth weight <1500 grams

How to Complete the Newborn Screen Filter Paper:

All fields of the filter paper specimen are to be completed legibly and accurately. Incomplete, or hard to read information can lead to delays in testing and in the reporting of the screening results.

Filter Paper Information: This general information is collected to help the laboratory identify why the specimen is being collected and what conditions need to be screened for.

- **Monitor for**: If specimen is for monitoring phenylketonuria (PKU), indicate so by writing PKU and checking the box.
- **Filter Paper Collection Type**: Identify if the filter paper collected is the "initial" or "repeat" specimen.

Hospital Information: The birthing facility/provider and submitter information are collected to ensure the laboratory can report results, collect repeat specimens, and refer newborns in an accurate and timely manner.

- **Birth Facility/Out-of-Hospital Provider Name**: Identify the name of the facility or out-of-hospital provider responsible for the birth of the newborn. Please use the submitter code if possible.
- **Submitter Names**: Identify the name of the facility or the out-of-hospital provider submitting the filter paper specimen. Please use the submitter code if possible.
- **Address if CODE given**: If the submitter code is not used, the submitter address must be entered.

Revised 1/2024

Baby's Demographics: It is important to accurately document the newborn's first and last name in case the newborn needs a repeat screening or referral once the newborn is discharged.

- **Baby's Name (Last)**: Document the baby's last name at the time the specimen was collected.
- **Baby's Name (First)**: Document the baby's first name at the time the specimen was collected. If the baby is not yet named, please document the first name as baby girl or baby boy.
- **Baby's Last Name at Discharge**: Document the baby's last name at the time of discharge. If the baby has not yet been assigned a legal name, please document mother's last name.
- **Baby's First Name at Discharge**: Document the baby's first name at the time of discharge. If the baby has not yet been assigned a legal name, please document the first name as baby girl or baby boy.

Mother's Demographics: It is important to document the mother's information in case the newborn needs a repeat screening or referral once the newborn is discharged. If the birth mother is not the legal guardian of the newborn, please document the legal guardian's demographic information in this section. This includes foster and adoptive parent information.

- **Mother's Name (Last)**: Document the mother's last name.
- **Mother's Name (First, MI)**: Document the mother's first name.
- **Mother's Address (Street or PO Box)**: Document the mother's mailing address – either the physical address or a PO Box of applicable.
- **Mother's City of Residence**: Document the city the mother lives in.
- **Mother's State of Residence**: Document the state the mother lives in.
- **Mother's Zip Code of Residence**: Document the zip code the mother lives in.
- **Mother's E-Mail**: Document the mother's email address. If mother does not have an email account, please write N/A.

- **Emergency Contact Name**: Ask mother for an emergency contact and document name in this section. If mother cannot provide emergency contact, it is acceptable to write N/A in the "emergency contact" box.
- **Emergency Contact Number**: Ask mother for and emergency contact number. If mother cannot provide and emergency contact number, use mother's phone number as the "emergency contact number".

** Please Note**

The Emergency Contact fields are vital as the urgent call-out relies on accurate information. It is not best practice to indicate "N/A" as this essentially leaves the field blank. Please ask your client to provide for you their *actual* **emergency contact information.** Please request the name and number of the person whom they rely on to get important information.

- **Mother's Date of Birth**: Document mother's date of birth.
- **Medical Assistance**: Document whether or not the mother has federal insurance coverage: yes or no.

- **Mother's Primary Language if not English:** Document mother's primary language if other than English.

Baby's Information: It is important to document the baby's information accurately and completely in order to determine the accuracy of the results.
- **Baby's Gender:** Document the baby's gender at birth by checking "Female", "Male", or "Unknown".
- **Baby's Birth Order:** Document if baby was a single or multiple birth. If multiple, identify order using alphabetical sequencing.
- **Baby's Birth Date:** Document baby's date of birth.
- **Baby's Time of Birth:** Document the time the baby was born using military time.
- **Baby's Birth Weight:** Document baby's weight at birth in grams.
- **Baby's Current Weight:** Document baby's current weight in grams.
- **Specimen Collection Date:** Document the date the specimen was collected.
- **Specimen Collection Time:** Document the time the specimen was collected using military time.
- **Drawn By:** Enter the name of the person collecting the specimen.
- **Weeks Gestation:** Document the number of full weeks gestation at time of birth.
- **Medical Record Number:** Document the baby's medical record number.

Transfusion Information: It is important to document when and what type of transfusion was given to the newborn. The laboratory uses this information to properly interpret results, schedule repeats and make referrals.
- **Transfusion Type**: Record the transfusion date and time under the correct type of transfusion: PRBC; FFP; or PLT.
- **Transfusion Date**: Document the date the transfusion took place under the appropriate transfusion type.
- **Transfusion Time**: Document the time the transfusion took place under the appropriate transfusion type using military time.

Special considerations: Document special considerations that apply to the baby. These consideration help determine how the laboratory tests the specimen and interprets the newborn's results.
- **Hyperal**: Check if the baby is receiving hyperalimentation.
- **Carnitine**: Check if receiving carnitine supplementation.
- **NICU**: Check if the baby is in the NICU.
- **Meconium Ileus**: Check if the baby has meconium ileus.

Race and Ethnicity: Document all races and ethnicity that applies. The laboratory uses this information to accurately test and report the newborn's results.
- **Ethnicity**: Identify if the newborn's ethnicity is Hispanic by checking "Yes" or "No".
- **Race**: Identify the newborn's race by checking: "White"; "Black"; "Pacific Islander"; "Asian"; "American Indian"; or, "Other".

PCP Information: Completely document the information related to the newborn's Primary Care Provider (PCP), and not the NICU physician. This is important in the event the laboratory needs to report a result requiring further follow up.

- **Newborn PCP/Practice Name:** Document the full name of the newborn's primary PCP or practice name.
- **PCP Address:** Enter the street address or PO Box for the newborn's primary PCP.
- **PCP City/State/Zip Code:** Document the city, state, and zip code of the primary PCP practice.
- **PCP Phone Number:** Document the office number of the primary PCP in case the lab needs to report a result or make a referral.

CCHD Screen: The pulse oximetry Critical Congenital Heart Disease (CCHD) screening field MUST be completed for all infants >24 hours of age. If screening was not performed, check the appropriate box indicating the reason it was not done. The only scenario where it is acceptable to leave this field blank is if the newborn is less than 24 hours old as the CCHD screening is not yet appropriate. CCHD screening results are to be submitted on the first filter paper collected after 24 hours of age.

- **Pulse Ox Result**: Check the appropriate box to indicate if the newborn "passed" or "failed" their CCHD screening.
- **Pulse Ox Date**: Document the date the pulse ox was performed.
- **Pule Ox Time**: Document the time the pulse ox was performed in military time.
- **If Pulse Ox was not Performed**: If pulse oximetry was not performed, please indicate the reason it was not performed by checking the appropriate box:
    - **Refused**: Check if parents refused the pulse ox screening.
    - **Prenatal fetal echocardiogram**: Check if baby underwent a prenatal echocardiogram.
    - **Postnatal echocardiogram performed**: Check if a postnatal echocardiogram was performed.
    - **Birth Weight <1500 grams**: Check if baby's weight is less than <1500 grams at the time of collection.