903™ Specimen Collection Paper

LOT 7078617
W151

IVD

1) Do not touch sample area
2) Do not use if damaged

SN 11922206

SN 11922206

Submitting Lab

Date Collected 110617

Baby's Name LOUIE PARK

Mother's Name

Address

City State Zip

Patient Id. No. County

Mother's Age Mother's Social Security No.

Name (Submitting Health Care provider)

Address

City State Zip

Physician's Name

Physician's Phone No. Physician's Submitter No.

BABY'S INFORMATION

Date of Birth 070710

Sex
1. Male
2. Female

Infant's Age (Hours)

Birth Weight (Grams) Birth Time (Mil. Time)

Feeding
1. Breast 3. TPN
2. Bottle 4. Breast/Bottle

Ethnic
1. White 3. Hispanic 5. Am. Indian
2. Af. Amer. 4. Asian 6 Other

Status
0. Normal 4. Both 1 & 2
1. Sick / Premature 5. Both 1 & 3
2. On Antibiotics 6. Both 2 & 3
3. Transfused 7. All 1 - 3

NEWBORN SCREENING RESULTS

- Tests Satisfactory
- Tests Unsatisfactory

HEARING SCREENING RESULTS

Right Ear	Left Ear
Pass	Pass
Fail	Fail

Screening Method:
- ABR
- OAE
- Other

Reason if not screened:
- Technical Problem
- Caregiver Refused
- No Equipment
- Baby Discharged
- Other

903™ 2020-05-31 REF 10537279 Rev.AC LOT 7078617 W151

1

2

3

Example