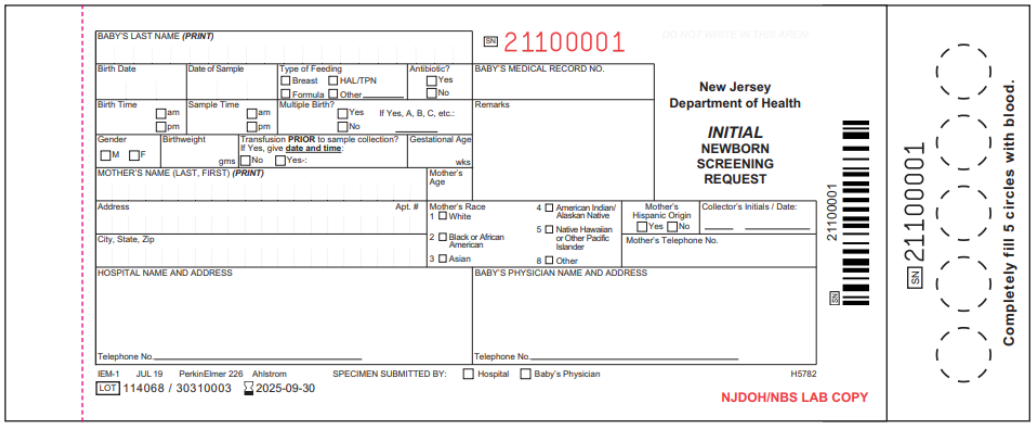
How To: **Demographic Information**

The blood collection kit includes the form which must be completed. The form is attached to the filter paper which contains five circles on which capillary blood is to be spotted. These forms cannot be copied and must be attached to the filter paper. Use a ball point pen and press firmly to assure legibility of all copies when completing these forms.

Initial Specimen and Form Completion

The first time a specimen is taken on any child it should be submitted on an **IEM-1** form. The following fields must be completed:

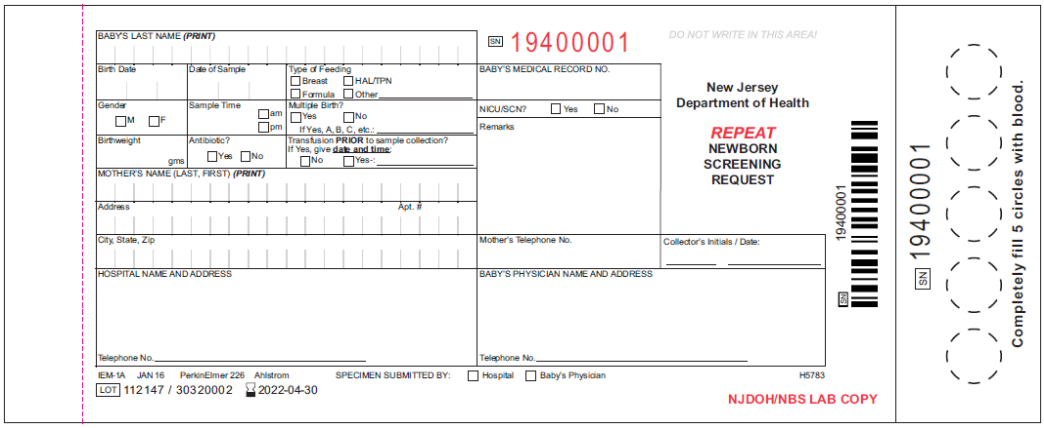
1. Antibiotic
2. Baby's last name
3. **Birth date and time**
4. **Birthweight**
5. Ethnicity
6. **Gender**
7. **Gestational age**
8. **Hospital name and address**
9. Mother's age
10. **Mother's contact information**
11. Multiple birth
12. **Physician name and address**
13. **Sample date and time**
14. **Transfusion status**
15. Type of feeding



Repeat Specimen and Form Completion

When collecting a repeat specimen, which has been requested by the IEM laboratory or the physician, use the **IEM-1A** form.

1. Antibiotic
2. Baby's last name
3. **Birth date**
4. **Birthweight**
5. **Gender**
6. **Hospital name and address**
7. Multiple birth
8. **Mother's contact information**
9. **Physician name and address**
10. **Sample date and time**
11. **Transfusion status**
12. Type of feeding



**If items in blue are missing, the sample is considered demographically unacceptable, as the laboratory cannot properly evaluate results or contact the correct healthcare providers or the families in the event of a positive screen. A specimen missing this information will be tested, but test results will contain a disclaimer explaining the missing information. It is critical to provide accurate information on this form.*

Item-by-Item Instructions for Completing the Specimen Collection Forms

Item	Instructions	Item	Instructions
Baby's Last Name	Enter baby's last name only. Please note if the baby and mother have different last names.	***Transfusion Status**	Check yes or no. If yes, provide month, day, year of last transfusion. This only refers to whole blood, packed red blood cells or intrauterine transfusion. Plasma and platelets are not considered transfusions.
***Birth Date**	Fill in month, day, year. Do not leave this field blank.	***Gestational Age**	Write in full weeks.
***Birth Time**	Write in military time.	***Mothers Name**	Write mother's first name and last name. Include middle initial when applicable
***Date of Sample**	Fill in month, day, year. Do not leave this field blank.	**Mothers Age**	Write mother's age. Be sure to not confuse this item with gestational age.
***Sample Time**	Write in military time.	***Mother's Address**	Write street and Number, City, State, Zip Code (9 digits)
Type of Feeding	Check breast, bottle, HAL/TPN, or other. Check both if baby is on breast and bottle. If other, please designate.	**Mother's Race**	Check the appropriate box. Requested by the CDC for seroprevalence study.
Antibiotic	Check yes or no.	**Mother's Hispanic Origin**	Check yes or no.
Baby's MRN	Enter baby's medical record number. Omit only if collection of specimen was not in a hospital.	***Mother's Telephone**	Telephone number If none, provide the phone number of a family member or friend
NICU/SCN	Check yes or no.	***Hospital of Birth Name and Address**	Enter hospital name, street and number, city, state, zip code, and telephone number
Multiple Birth	Check yes or no; and identify baby A, B, C, etc. Do not indicate baby A for single birth.	***Ordering Physician First and Last Name and Address**	Enter physician's full name or pediatric group, street and number, city, state, zip code, and telephone number
***Gender**	Check Male or Female.	**Collectors Initials**	Initial and date
***Birthweight**	Write in grams. Do not provide measurements in pounds and ounces	**Specimen submitted by**	Select hospital or physician

**Items that are essential for specimen testing and reporting*

Evaluating Demographic Information

Quality of Kit and Kit information

Specimen not attached to form

Inspect to ensure that the filter paper with the spots is attached to the form with the demographic information.

Specimen arrived in lab > 14 days from collection date

Inspect the date of specimen collection. Date of specimen collection must be within fourteen days of receipt in the laboratory to be valid for testing.

Conflicting information

Inspect demographic information for any conflicting information. If the identity of the baby to whom the blood spots belong is in question the blood will not be tested. Do not use white out on any demographic fields. For any errors, strikethrough with pen and add corrections to the remarks section.

Filter paper expired

Inspect the expiration date of the filter paper. Filter paper expiration date is located along the left side of the kit, in the green or yellow colored region, and along the bottom under the box for hospital information. Specimen collected on expired filter paper are not valid for testing.

What does the ideal top copy look like?

All fields are legibly and adequately filled. All information provided corresponds with the recommended guidelines. The kit is not expired or damaged. Any corrections are crossed out with a line and correct information is noted in the Remarks box.