

**Read Instructions Carefully:**

If the test is refused make sure the parent or legal guardians sign the TRF. Add the date of refusal.

**DO NOT DETACH**  
INSTRUCTIONS FOR COLLECTING ADEQUATE BLOOD SPOT SPECIMEN  
Puncture site is indicated by shaded areas on heel. Do not collect on the side or back of foot.  
\*NO COURIER PLASTIC BAGS\*

**NOTE:**  
- Do not use capillary tubes for collection of blood spot specimen.  
- Do not collect blood from antecubital space or dorsal hand vein.  
- Do not handle blood collection area of specimen collection card prior to, during, or following sampling.

- Position infant's foot to increase blood flow. Warming of the heel is optional.
- Clean skin with alcohol or either air-dry or wipe dry with sterile gauze.
- Puncture heel with sterile disposable lancet, using a firm, quick puncture. If using an automated lancet device, place it firmly against the heel prior to device activation.
- Allow a large drop of blood to accumulate and wipe away with sterile gauze.
- Allow a second large drop of blood to accumulate. Apply gentle pressure to heel and ease intermittently so blood flows freely.
- Apply the blood drop to one side of the specimen collection paper until the circle is filled COMPLETELY when viewed from both sides. Do not press collection paper against puncture site. Allow blood to fill circle by natural flow. Do not apply blood to both sides of the paper. Fill the first circle completely before moving on to the next circle. Repeat procedure for each circle.
- Allow blood spots to air-dry at room temperature for at least three hours. Keep away from direct light (sun or lamp) and heat.
- Do not close specimen collection form while blood spots are still wet. Do not allow wet specimens to come in contact with each other.
- DO NOT PUT SPECIMEN IN PLASTIC BAG AT ANY TIME.

ADDITIONAL INSTRUCTIONS ARE CONTAINED IN "BLOOD COLLECTION ON FILTER PAPER FOR NEWBORN SCREENING PROGRAMS", 6th EDITION (CLSI NBS01-A6: Blood Collection on Filter Paper for Newborn Screening Programs; Approved Standard - Sixth Edition)  
PRINT ONLY, USE ALL CAPITAL LETTERS, USE BLACK OR BLUE INK ONLY.

**DO NOT WRITE IN THIS AREA**  
**DO NOT HANDLE FILTER PAPER**  
THIS AREA MAY BE USED TO ADHERE A STICKER CONTAINING THE INFANT'S FACILITY INFORMATION

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
NEWBORN SCREENING

INSTRUCTIONS FOR COMPLETION OF FORM  
PLEASE PRINT AND USE BLUE OR BLACK BALL POINT PEN

- NEWBORN'S NAME: Name as entered on birth certificate, last name first. If multiple birth, indicate A, B, C, etc.
- NEWBORN'S BIRTH DATE (AND TIME): As entered on the birth certificate. All time is to be entered by the 24 hour clock, e.g., 8:30 a.m. is 0830; 9:01 p.m. is 2101.
- BIRTH WEIGHT: In grams, as entered on birth certificate.
- GESTATIONAL AGE: Enter gestational age at time of birth in weeks.
- MEDICAL RECORD NUMBER: Enter number used in medical records department of facility collecting specimen.
- HOSPITAL ORDER NUMBER: Use for HL7 messaging only.
- ALL FEEDINGS SINCE BIRTH: Include all feeding from birth to collection. Human milk includes breastfeeding, mother's own expressed milk and banked human milk. If newborn has had neither human milk, nor formula then choose Nothing by mouth (NPO).
- NURSERY TYPE: Check NICU/PICU, Regular Nursery (which includes Family Centered Care (FCC), Rooming In (RI), or Mother Baby Unit), Home Birth, or Outpatient.
- THIS BABY IS A WARD OF THE COURT: Fill in the circle (X) if newborn is a ward of the court and provide contact information for legal guardian responsible for baby's care at time of collection.
- RACE/ETHNICITY: As entered for both parents on birth certificate. These data are required by Government Code 8310.5. Check ALL that apply.
- MOTHER'S INFORMATION: Name as entered on birth certificate, last name first. Please also include mother's maiden name and last 4 digits of social security number. If mother does not have a social security number, enter 9999.
- PRIMARY LANGUAGE: Please indicate primary language spoken by mother; this helps determine if an interpreter is needed.
- FACILITY DRAWING SPECIMEN: Name and code number must be entered to ensure correct reporting of results.
- INITIALS OF COLLECTOR: Enter initials of person drawing the specimen.
- INPATIENT/ORDERING PHYSICIAN: Name of physician ordering the test or providing care in the hospital.
- DATE SPECIMEN COLLECTED: Date and hour of specimen collection. This refers to the time the specimen is collected from the newborn.
- IF COLLECTED AT <12 HRS OF AGE, REASON: If this specimen is being collected prior to the newborn being 12 hours of age, indicate why.
- TYPE OF SPECIMEN: Please check only one box. If "OTHER" type of specimen is checked, please specify the type of specimen.
- RBC TRANSFUSION BEFORE COLLECTION: Please indicate whether the newborn was transfused with RED BLOOD CELLS and the date and time the last transfusion ended prior to specimen collection. DO NOT list intravenous transfusions. DO NOT list fresh frozen plasma, albumin, platelets, or cryoprecipitate as transfusion. DO NOT list transfusions that occurred after the specimen was collected.
- SPECIMEN NOT OBTAINED: Check reason if specimen is not obtained. If refused, make sure a parent/guardian signs and dates the refusal section. If baby expired, please provide date and reason in comments. If urgent transfer, specify receiving hospital in comments. For any other reason, check box and specify in comments.
- NEWBORN'S PHYSICIAN'S NPI NUMBER OR LICENSE NUMBER: Enter the physician's national provider identification number or California license number.
- NEWBORN'S OUTPATIENT PHYSICIAN INFORMATION: Confirm with mother the name and contact information for the physician who will be responsible for newborn's care after discharge.
- DISTRIBUTION: Original MUST remain attached to specimen. Facility drawing the specimen should retain and file the yellow copy in the newborn's chart. The pink copy should be given to the newborn's parent(s) with instructions to give to the newborn's outpatient physician at first visit.

PLEASE SEE PRIVACY NOTIFICATION WITHIN

CDPH - 4403

NBS FORM # 34 000 001

**Completing the NBS 34 Million Series Form**

Fill out a Test Request Form (TRF) for every infant. Fill out in black or blue ink. Do not use highlighters on any part of the form. Completed TRFs must be sent to the NAPS Lab whether a specimen is collected, not obtained or refused.

**Reminders about frequent errors or missing data fields**

- Place any stamp, sticker with the NBS provider code, or bar code in this box only, not in the surrounding area. Anything outside of this area interferes with recognition of the state barcode.
- Birth order (A,B,C etc) for multiple births or twin. Birth order must be provided on the TRF field even if the hospital sticker includes birth order.
- Enter birthweight in grams. If infant is less than 1000 grams, enter a leading zero in the first box (example: 0750 grams - complete the four digit number).
- Enter current weight instead of birthweight If infant is older than 30 days.
- Enter gestational age.
- Enter nursery type.
- Enter RBC transfusion before collection.
- Enter reason for test.

NBS COPY

CALIFORNIA NEWBORN SCREENING TEST REQUEST FORM (TRF)  
State of California - Department of Public Health  
Health and Human Services Agency

FOR STATE USE ONLY

Label/Addressograph Here

NBS FORM # 34 000 001 80

Check Digits

DATE OF BIRTH: MM/DD/YYYY 24 HR

BIRTH WEIGHT: GRAMS

SEX: MALE / FEMALE

BIRTH ORDER: A, B, C, etc

STREET ADDRESS: CITY, STATE, ZIP

MEDICAL RECORD #

HOSPITAL ORDER #

NEWBORN ON TP/NYP/PERAL OR AMINO ACID AT TIME OF COLLECTION? YES / NO

ALL FEEDINGS SINCE BIRTH: (Circle One)  
ONLY HUMAN MILK / ONLY FORMULA / HUMAN MILK & FORMULA / NPO

NURSERY TYPE: NICU / PICU / REG. NURSERY / FCC / RI / HOME BIRTH / OUTPATIENT

THIS BABY IS A WARD OF THE COURT? YES / NO

RACE/ETHNICITY: FILL ALL THAT APPLY  
WHITE / HISPANIC / BLACK / CHINESE / JAPANESE / KOREAN / LAOTIAN (LAOS) / OTHER (Specify)

MOTHER'S INFORMATION / LEGAL GUARDIAN INFORMATION  
MOTHER'S LAST NAME, FIRST NAME, MAIDEN NAME, MOTHER'S BIRTH DATE, MOTHER'S SSN #

PRIMARY LANGUAGE (if fill only ONE circle): ENGLISH / SPANISH / OTHER (Specify)

FACILITY/SUBMITTER DRAWING SPECIMEN: FACILITY NAME, CITY, STATE, ZIP

HOSPITAL/ SUBMITTER CODE

INITIALS OF COLLECTOR

INPATIENT/ORDERING PHYSICIAN/PROVIDER: NAME, FIRST NAME, LAST NAME, PHYSICIAN LAST NAME, FIRST NAME, STREET ADDRESS, CITY, STATE, ZIP

DATE SPECIMEN COLLECTED: MM/DD/YYYY 24 HR

IF COLLECTED AT <12 HRS OF AGE, REASON: TO BE TRANSFUSED / OTHER (Specify)

TYPE OF SPECIMEN: HEEL STICK / OTHER (Specify)

RBC TRANSFUSION BEFORE COLLECTION: YES / NO

SPECIMEN NOT OBTAINED (if not collected specify why): URGENT TRANSFER / EXPIRED / TEST REFUSAL

REASON FOR TEST: (fill only ONE circle): INITIAL SPECIMEN / REPEAT OF INADEQUATE OR EARLY (<12 HRS) INITIAL SPECIMEN / OTHER REPEAT (Specify in comments)

COMMENTS:

REFUSE THE NEWBORN SCREENING TEST ON MY INFANT FOR RELIGIOUS REASONS. I ACCEPT ALL RESPONSIBILITY AND LIABILITY.

NEWBORN'S OUTPATIENT PHYSICIAN INFORMATION (COMMUNITY PRIMARY CARE PROVIDER): NPI # OR LIC #, PHY-PHONE #, PHYSICIAN LAST NAME, FIRST NAME, STREET ADDRESS, CITY, STATE, ZIP

PLEASE SEE PRIVACY NOTIFICATION WITHIN

903 TV LOT 7196220 W161 REF 10534798 Rev. AD 12/31/2025

Fill the six spots completely.

Do not use a TRF form if the filter paper has become detached. If filter paper is detached after collection, the sample should still be sent to the laboratory. However a repeat sample must be collected on an intact TRF.

If you have any questions please call your local NBS Area Service Center.

**IMPORTANT!**

**DO NOT USE AN EXPIRED FORM.**  
Check the expiration date listed next to the hourglass icon.



# The Newborn Screening 34 Million Series Form

## Completing the Test Request Forms (TRF)

- Fill out a Test Request Form (TRF) for every infant. Completed TRFs must be sent to the NAPS Lab whether a specimen is collected, not obtained or refused.
- Check the **EXPIRATION DATE** on the bottom right corner of the form. NEVER USE AN EXPIRED FORM.
- Fill in all fields on the TRF. Use blue or black ink only. Print legibly using capital letters and one character per box. Refer to instructions on the back of the TRF for details.
- Review all TRF information with the parent or legal guardian for updates and accuracy. Verify name of the newborn, outpatient pediatric care provider, and parent or legal guardian contact information.
- In the case of surrender, surrogacy, adoption, ward of the court, etc. enter the name and contact information for the legal guardian if it is not the mother.
- If the test is refused make sure the parent or legal guardian signs the TRF. Add the date of refusal.

## Collecting the Specimen

- Collect specimen between 12 and 48 hours after birth.
- Obtain specimen before transfer if newborn is 12 hours of age or older. Send a photocopy of the TRF to the receiving hospital and note in transfer record whether NBS screen was completed.
- Apply blood drop directly to filter paper. Fill blood spots completely. **DO NOT** bend card.
- Dry TRF specimens horizontally on a drying rack. Fold back page to uncover the blood spots to prevent contact until dry.
- Keep TRFs at room temperature. **DO NOT** expose them to heat or moisture.
- **DO NOT** transport in a plastic bag at any time.
- Dry specimen for at least 3 hours. Ship the specimen to the lab on the same day or as soon as possible.

## Processing the TRF

- **DO NOT** separate the white NBS form from the filter paper.
- Keep the yellow sender's copy in the newborn's medical record. **DO NOT** send to the Screening Lab.
- Give the parent/legal guardian the pink and blue copies, which include the HIPAA privacy notice. Instruct them to show the pink copy to the baby's doctor at their first visit.
- Send the original white copy of all TRFs with the attached filter paper cards with a completed transport log to the NAPS Lab with designated courier.

