

903 South Carolina NBS  
 10534690 Rev. AF  
 Job # XXXXXXX-003  
 04-01-24

Note: This PDF form layout is produced to a 1:1 scale. All copy and construction features are shown in their proper position per your specifications. Production variances will result in a potential ± 1/16" (1.6mm) tolerance.

<b>CUSTOMER</b>		<b>EBF</b>	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>		
SIGNATURE		SIGNATURE	
NAME:	REF: 10534690	REVISION: AF	
DATE:	DATE:		

H Perf  
 Does Not Print

SCXXXXXXXXXX

DO NOT DETACH  
LAB COPY

SN

**NEWBORN SCREENING  
 PUBLIC HEALTH LABORATORY  
 SC DEPT. OF PUBLIC HEALTH  
 8231 PARKLANE ROAD, COLUMBIA, SC 29223  
 803-896-0874**

**Use By YYYY-MM-DD**

**DPH LAB USE ONLY**

BABY'S LAST NAME		BABY'S FIRST NAME		DATE OF BIRTH	TIME OF BIRTH
<input type="text"/>		<input type="text"/>		M M   D D   Y Y	: MIL TIME
MOTHER'S LAST NAME		MOTHER'S FIRST NAME		DATE OF COLLECTION	TIME OF COLLECTION
<input type="text"/>		<input type="text"/>		M M   D D   Y Y	: MIL TIME
MOTHER'S ADDRESS					
<input type="text"/>					
CITY					
<input type="text"/>					
STATE	COUNTY	ZIP CODE	PARENT(S) / GUARDIAN'S PHONE NO.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
MEDICAL RECORD NO.					
<input type="text"/>					
PRIMARY MD LICENSE NO.			HOSPITAL / SPECIMEN SUBMITTER NO.		
<input type="text"/>			<input type="text"/>		
BABY'S PRIMARY PHYSICIAN			HOSPITAL NAME / SUBMITTER NAME		
<input type="text"/>			<input type="text"/>		
STREET ADDRESS			STREET ADDRESS		
<input type="text"/>			<input type="text"/>		
CITY, STATE			CITY, STATE, ZIP		
<input type="text"/>			<input type="text"/>		
PHONE NUMBER			GESTATIONAL AGE		
<input type="text"/>			<input type="text"/> WKS.		
<b>NBS TEST PANEL REQUESTED</b>					
<input type="checkbox"/> 1 <sup>st</sup> NBS TEST <input type="checkbox"/> REPEAT NBS TEST <input type="checkbox"/> PHE					

**DPH LAB USE ONLY**

**Use By YYYY-MM-DD**

1327-ENG-DPH (07/2024)

1327-ENG-DPH (07/2024)

REF 10534690 Rev. AF

LOT XXXXXXXX WXXXX


Part 1 - 16# White CB - 4" x 7 1/4" (±1/16") 101.6mm x 184.2mm - Prints Black & Red 185 Inks  
 Laser 3 of 9 Barcode

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<b>CUSTOMER</b>		<b>EBF</b>	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>		
SIGNATURE		SIGNATURE	
NAME:	REF: 10534690	REVISION: AF	
DATE:	DATE:		

M Perf  
Does Not Print



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Use By YYYY-MM-DD

**DPH LAB USE ONLY**

1327-ENG-DPH (07/2024)

REF 10534690  
Rev. AF

LOT XXXXXXXX  
WXXXX

**SCXXXXXXXXXXXX**

**SENDER COPY**

BABY'S LAST NAME		BABY'S FIRST NAME		DATE OF BIRTH	TIME OF BIRTH
MOTHER'S LAST NAME		MOTHER'S FIRST NAME		M M   D D   Y Y	: : MIL TIME
MOTHER'S ADDRESS				DATE OF COLLECTION	TIME OF COLLECTION
CITY				M M   D D   Y Y	: : MIL TIME
STATE	COUNTY	ZIP CODE	PARENT(S) / GUARDIAN'S PHONE NO.	COLLECTOR ID / INITIALS	
				SEX <input type="checkbox"/> M Male <input type="checkbox"/> F Female	RACE <input type="checkbox"/> 1. White <input type="checkbox"/> 2. AF-Amer. <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. Asian <input type="checkbox"/> 5. Amer. Ind. <input type="checkbox"/> 6. Other
MEDICAL RECORD NO.				BIRTH WEIGHT IN GRAMS	PRESENT WEIGHT IN GRAMS
PRIMARY MD LICENSE NO.			HOSPITAL / SPECIMEN SUBMITTER NO.	MULTIPLE BIRTHS <input type="checkbox"/> YES <input type="checkbox"/> NO	
			HOSPITAL NAME / SUBMITTER NAME	IF MULTIPLE: A, B, C, etc.	
			STREET ADDRESS	LAST TRANSFUSION DATE	
			CITY, STATE, ZIP	M M   D D   Y Y TIME : :	
<b>NBS TEST PANEL REQUESTED</b>			<b>DPH LAB USE ONLY</b>		
<input type="checkbox"/> 1 <sup>st</sup> NBS TEST <input type="checkbox"/> REPEAT NBS TEST <input type="checkbox"/> PHE			1327-ENG-DPH (07/2024)		

Part 2 - 14# White CFB - 4" x 7 5/8" (±1/16") 101.6mm x 193.7mm - Prints Black & PMS Purple 2613 Inks

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CUSTOMER		EBF
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>	
SIGNATURE		SIGNATURE
NAME:	REF: 10534690	REVISION: AF
DATE:	DATE:	

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M Perf  
 Does Not Print

COUNTY CODE SHEET	
01	ABBEVILLE
02	AIKEN
03	ALLENDALE
04	ANDERSON
05	BAMBERG
06	BARNWELL
07	BEAUFORT
08	BERKELEY
09	CALHOUN
10	CHARLESTON
11	CHEROKEE
12	CHESTER
13	CHESTERFIELD
14	CLARENDON
15	COLLETON
16	DARLINGTON
17	DILLON
18	DORCHESTER
19	EDGEFIELD
20	FAIRFIELD
21	FLORENCE
22	GEORGETOWN
23	GREENVILLE
24	GREENWOOD
25	HAMPTON
26	HORRY
27	JASPER
28	KERSHAW
29	LANCASTER
30	LAURENS
31	LEE
32	LEXINGTON
33	MARION
34	MARLBORO
35	McCORMICK
36	NEWBERRY
37	OCONEE
38	ORANGEBURG
39	PICKENS
40	RICHLAND
41	SALUDA
42	SPARTANBURG
43	SUMTER
44	UNION
45	WILLIAMSBURG
46	YORK

Part 2 Backer - Prints Gray Ink

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CUSTOMER		EBF	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>		
SIGNATURE		SIGNATURE	
NAME:	REF: 10534690	REVISION: AF	
DATE:	DATE:		

HH Perf  
Does Not Print
H Perf  
Does Not Print

APPLY BLOOD TO ONE SIDE OF CARD  
ONE LARGE DROP PER CIRCLE

LOT XXXXXXXX WXXX

SCXXXXXXXXXX

SCXXXXXXXXXX

SN

SN

LAB COPY

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PUBLIC HEALTH LABORATORY**  
 SC DEPT. OF PUBLIC HEALTH  
 8231 PARKLANE ROAD, COLUMBIA, SC 29223  
 803-896-0874

Use By YYYY-MM-DD

DPH LAB USE ONLY

BABY'S LAST NAME		BABY'S FIRST NAME		DATE OF BIRTH	TIME OF BIRTH
MOTHER'S LAST NAME		MOTHER'S FIRST NAME		M M D D Y Y	: MIL TIME
MOTHER'S ADDRESS		MOTHER'S ADDRESS		DATE OF COLLECTION	TIME OF COLLECTION
CITY		CITY		M M D D Y Y	: MIL TIME
STATE	COUNTY	ZIP CODE	PARENT(S) / GUARDIAN'S PHONE NO.	COLLECTOR ID / INITIALS	
MEDICAL RECORD NO.	HOSPITAL / SPECIMEN SUBMITTER NO.		MULTIPLE BIRTHS <input type="checkbox"/> YES <input type="checkbox"/> NO		
PRIMARY MD LICENSE NO.	HOSPITAL NAME / SUBMITTER NAME		IF MULTIPLE: A,B,C, etc.		
STREET ADDRESS		LAST TRANSFUSION DATE			
CITY, STATE, ZIP		M M D D Y Y TIME :			
NBS TEST PANEL REQUESTED		FEEDING <input type="checkbox"/> 01 BREAST <input type="checkbox"/> 02 LACTOSE			
<input type="checkbox"/> 1 <sup>st</sup> NBS TEST <input type="checkbox"/> REPEAT NBS TEST <input type="checkbox"/> PHE		<input type="checkbox"/> 03 NON-LACTOSE <input type="checkbox"/> 04 TPN <input type="checkbox"/> 05 NPO GESTATIONAL AGE _____ WKS.			

DPH LAB USE ONLY

1327-ENG-DPH (07/2024)

REF 10534690  
Rev. AF

LOT XXXXXXXX WXXX

Part 4 - 903 Lot WXXX  
 4" x 2 7/16" (±1/16") - 101.6mm x 61.91mm  
 tips to back of part 3 with EBF glue #1003 Prints  
 Bio Black 586 Ink  
 Circle size: 12mm ID

Part 3 - 33# White CF - 4" x 8" (±1/16") - 101.6mm x 203.2mm - Prints Black Ink  
 Laser 3 of 9 Barcode

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<b>CUSTOMER</b>		<b>EBF</b>	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>		
SIGNATURE		SIGNATURE	
NAME:	REF: 10534690	REVISION: AF	
DATE:	DATE:		

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H Perf  
Does Not Print

HH Perf  
Does Not Print

**SPECIMEN COLLECTION & HANDLING**

- Check expiration date on form to ensure the form is within date; do NOT use forms past their expiration date.
- Specimen should be collected between 24 and 48 hours after birth, or as closely as possible to the time of discharge if discharged early.
- Specimen should be collected by a heel puncture using a disposable blood collection device appropriate for newborn collection.
- Allow blood to begin flowing before attempting to fill the filter spots.
- It is ESSENTIAL that each circle is filled using 1 drop of blood per circle.
- Ensure that blood saturates through to the reverse side of the filter paper.
- Do NOT use capillary tubes for blood collection and application.
- Allow specimen to dry completely before mailing (usually approximately 4 hours).
- Keep specimens from direct sunlight and heat sources. Heat must NOT be used to facilitate drying.
- All specimens must be sent to the DPH Public Health Laboratory within 24 hours of collection.
- Specimens should never be held for batch mailing.
- Do NOT send specimens in plastic bags.

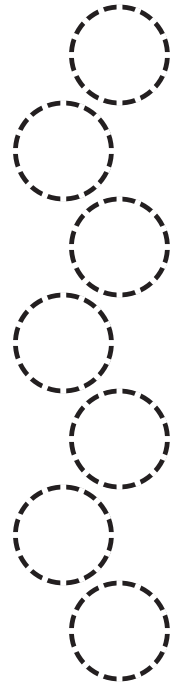
**COMPLETION OF FORM**

- Accurately complete all fields on the form; Forms with incomplete information will delay testing.
- To ensure confidentiality, nothing should be written on the newborn screening form indicating the HIV or hepatitis infection status of the mother.
- 'Gestational Age' is the number of weeks of gestation at the time of delivery.

**TO RE-ORDER FORMS**

- If more forms are needed, call the DPH Public Health Laboratory Supply Department @ 803-896-0913 to re-order or e-mail the re-order to [phl-supply@dph.sc.gov](mailto:phl-supply@dph.sc.gov).

903™ LOT XXXXXXXX WXXX



Part 3 Backer - Prints Gray Ink

Part 4 Backer  
 Prints Bio Black 586 Ink  
 Tips to back of part 3 with EBF glue  
 #1003 indicated in Green

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CUSTOMER		EBF	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>		
SIGNATURE		SIGNATURE	
NAME:	REF: 10534690	REVISION: AF	
DATE:	DATE:		

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H Perf  
Does Not Print

Fold Perf over Part 4 Does Not Print

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

**SPECIMEN COLLECTION & HANDLING**

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- Specimen should be collected by a heel puncture using a disposable blood collection device appropriate for newborn collection.
- Allow blood to begin flowing before attempting to fill the filter spots.
- It is ESSENTIAL that each circle is filled using 1 drop of blood per circle.
- Ensure that blood saturates through to the reverse side of the filter paper.
- Do NOT use capillary tubes for blood collection and application.
- Allow specimen to dry completely before mailing (usually approximately 4 hours).
- Keep specimens from direct sunlight and heat sources. Heat must NOT be used to facilitate drying.
- All specimens must be sent to the DPH Public Health Laboratory within 24 hours of collection.
- Specimens should never be held for batch mailing.
- Do NOT send specimens in plastic bags.

**COMPLETION OF FORM**

- Accurately complete all fields on the form; Forms with incomplete information will delay testing.
- To ensure confidentiality, nothing should be written on the newborn screening form indicating the HIV or hepatitis infection status of the mother.
- 'Gestational Age' is the number of weeks of gestation at the time of delivery.

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1327-ENG-DPH (07/2024)

Part 5 Backer - 32# Buff Ledger - 4" x 11 1/16" (±1/16") - 101.6mm x 280.98mm - Prints Black and Red 185 Inks  
 No Printing on Face