Public Health Laboratory
Arkansas Department of Health, 201 S. Monroe Street, Little Rock, AR 72205

NEWBORN SCREENING

HL-11 (R03/2015)

Baby's Last Name | First Name | Multiple Birth Order (A-H)

Mother's Last Name | First Name | Maiden Name

Mom's DOB (M M D D Y Y) | Telephone Number | Alternative Telephone Number

Street Address | County of Residence

City | State | Zip Code

Baby's Physician's Last Name | First Name | Telephone Number

SUBMITTER INFORMATION

Collection Facility | Submitter Code

Address

City | State | Zip Code

Medical Record Number:

SN 1057301

FOR ADH LAB USE ONLY

Unsat. Code

Birthdate (M M D D Y Y) | Time (Military) | Birth Weight (gms)

Collection Date (M M D D Y Y) | Time (Military) | Weight at Collection (gms)

Gestational Age (weeks)

Sex: ☐ (1) Male ☐ (2) Female

Race: ☐ (1) White ☐ (2) Black ☐ (3) Asian ☐ (4) Other including mixed

Ethnicity: ☐ (1) Hispanic ☐ (2) Nonhispanic

Status: ☐ (0) Normal ☐ (3) Transfused (Transfused Date M M D D Y Y)
☐ (1) Sick / Premature ☐ (4) 1 & 2 ☐ (6) 2 & 3
☐ (2) Antibiotics ☐ (5) 1 & 3 ☐ (7) 1, 2, & 3

Type of Feeding: ☐ (1) Breast Milk (First Feed Date M M D D Y Y)
☐ (2) Milk-based Formula ☐ (4) NPO
☐ (3) Soy-based Formula ☐ (5) TPN/hyperal

Purpose: ☐ First Specimen ☐ Repeat Specimen

Adoption? ☐ (Check if Yes) Foster Care? ☐ (Check if Yes)

SUBMITTER COPY
Retain For Your Records
Remove this copy before blood collection.