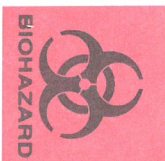


903™ Specimen Collection Paper
LOT 7103218
W171
IVD
1) Do not touch sample area
2) Do not use if damaged



SN 1215355 6



SN 12153556

1

Submitting Lab

Date Collected

110618

2

Baby's Name

LOUIE PARK

Mother's Name

Address

City

State

Zip

Example

Address

City

State

Zip

Physician's Name

Physician's Phone No.

Physician's Submitter No.

BABY'S INFORMATION

3

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™



2021-02-28

REF

10537279 Rev.AC

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