



Ontario Newborn Screening Program
Children's Hospital of Eastern Ontario
Department of Genetics
401 Smyth, Ottawa Ont. K1H 8L1

BULLETIN #24 – February 12, 2008

Changes to Blood Dot Specimen Cards

The Ontario Newborn Screening Program is pleased to announce that we will soon be launching an updated version of the blood dot specimen card. We would like to thank all of you for the suggestions you made to improve this card, and, as you will see, we have incorporated many of your ideas.

Please continue to use the original version of the card until you have used up all of the ones you have in stock.

Highlights of the new card (please see next page for picture):

1. Addition of the option "Retest: Prior Transfusion"
2. Change from "Mother" to "Mother/Guardian"
3. Addition of CAS care and Adoption options
4. Requesting health care provider information highlighted (please note that this section must be completed and that the requesting health care provider must be a physician or midwife)
5. Space provided for the name of the submitting Hospital/Midwifery practice
6. New place for a submitter unique number/laboratory sticker
7. A new section of report has been added to allow us to gather information about other health care providers who should receive a copy of the report (this must be filled out completely and accurately to ensure we can send report to the infant's primary health care provider)

In addition, the carbon copy of the card will not include the shaded boxes found on the front of the card, so it will be easier to distinguish between the two copies.

As you begin to use this revised version of the card, please feel free to send us your feedback.

Once again, thank you for your cooperation and assistance in making the Ontario Newborn Screening Program the most effective and efficient that it can be.

Additional information about the Ontario Newborn Screening Program can be found at:
www.newbornscreening.on.ca

*These bulletins are being circulated to keep you abreast of changes to the Ontario Newborn Screening program. Please share this information with any relevant personnel in your hospital / clinic. If there is someone who would like to be added to this list, contact: Shelley Kennedy or Sari Zelenietz, Genetic Counsellors
(613) 738-3222, option #1; NewbornScreening@cheo.on.ca*



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NBS Barcode
FOR OFFICE USE ONLY
1234567

Ontario Newborn Screening Program
Children's Hospital of Eastern Ontario
401 Smyth Road, Ottawa, Ontario
K1H 8L1 Tel: 613-738-3222

INFANT	Last Name	Birth Weight: _____ g	Date of Birth	YYMMDD
	First Name	Multiple Birth: ☐ N/A ☐ A ☐ B ☐ C	Time of Birth	HHMM AM/PM
	Health Card Number	Transfusion: ☐ Y ☐ N	Date of Collection	YYMMDD
	Sex: ☐ M ☐ F	If yes: YYMMDD	Time of Collection	HHMM AM/PM
MOTHER/GUARDIAN	Feeding: ☐ Breast ☐ Formula	Premature: ☐ Y ☐ N		
	☐ TPN ☐ NPO	If yes: gestational age _____ wks		
	Retest Prior Unsatisfactory	Retest Prior Transfusion	Retest Premature	
	Last Name	First Name	YYYYMMDD	
HEALTH CARE PROVIDER	Address	City	Province	Postal Code
	Phone Number	Alternate Phone Number		
	☐ Baby in CAS care	☐ Adoption		
	Last Name	First Name		
SUBMITTER	Hospital/Midwifery Practice Name			
	Address, City	Province		
	Postal Code	Phone Number	X	
	Submitter Unique Number	Sticker		
CC REPORT TO COMPLETE ADDRESS REQUIRED	Birth Hospital (if different from above)			
	Health Care Provider Following Discharge (Last Name, First Name)			
	Address	City	Province	
	Postal Code	Phone Number	X	

Report: ☐ Screen Positive ☐ Screen Negative

USE BALL POINT PEN. PRESS HARD. INSTRUCTIONS ON BACK. PRINT LEGIBLY. IF A STAMP IS USED, STAMP ALL COPIES. COMPLETE ALL FIELDS.

Annotations:

- 1. Addition of new retest option
- 2. Change to Mother/ Guardian
- 3. Addition of "CAS" and "Adoption" options
- 4. Requesting health care provider highlighted (this must be a physician or midwife)
- 5. Space for name of submitting hospital/midwifery practice
- 6. New location for submitter unique number or sticker
- 7. New section added to allow us to CC report to infant's primary health care provider

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