

Newborn Screening Proper Documentation FORM

Mother's Name	Date and time of birth	Date and time of collection	Sex	Birth Weight (g)	Feeding	Filter card no.	Pick up no. and way bill no.	Date sent	Address	Contact number	Result	Date received	Claimed by	Date claimed

(Please use the guide below for recording all pertinent data of your patients before sending the blood sample to our laboratory. This will help you check the completeness of the information on the filter card to avoid having a result of no feeding and missing information. The logging of filter card number will help you facilitate the process of Philippine Health Insurance Corporation (PHIC) requirements for newborn care package claims.)