Hospital Newborn Screening (NBS) Collection Log Unit:_ DOB/Time **FP Courier** Newborn's Name Medical Filter Attending Planned FP Date/Time *On **FP Date FP Test** *Hearing *Pulse (Last, First) Record Paper (FP) Physician **Health Care** of Collection TPN/SNAP Result Results **Results** Oximetry Pick-up Provider upon Number Serial at Time of **Date** Rec'd RE LE At for CCHD Number discharge **Collection?** Risk? results **Date Screened** (pass/fail & %, %)

All components are required by the Oklahoma Newborn Screening Program Regulations to be documented, except those designated with an asterisk (*), which are highly recommended.