



● India ● UAE ● South Africa ● USA

TEST REQUISITION FORM NEWBORN SCREENING

Patient Details:

Full Name: _____

DOB / / Age _____ Gender M F Ethnicity _____

Email : _____ Contact No. _____

Sample Collection : Date _____ Time _____

Referring Clinician

Full Name: _____

Hospital : _____ Email : _____ Contact No. _____

Test Requested

- | | |
|---|--|
| <input type="checkbox"/> New Born Screening 5 (NBS5) | <input type="checkbox"/> New Born Screening - Total Galactose (NBSgal) |
| <input type="checkbox"/> New Born Screening 5 + Hemoglobinopathy (NBS5HB) | <input type="checkbox"/> New Born Screening - TSH (NBSTSH) |
| <input type="checkbox"/> New Born Screening 7 (NBS7) | <input type="checkbox"/> New Born Screening - 17 - OHP (NBS17) |
| <input type="checkbox"/> New Born Screening 7 + Hemoglobinopathy (NBS7HB) | <input type="checkbox"/> New Born Screening - Biotinidase (NBSbio) |
| <input type="checkbox"/> New born screening 45 + Comprehensive (NBS45) | <input type="checkbox"/> New Born Screening - Phenylalanine (NBSphe) |
| <input type="checkbox"/> New Born Screening - Aminoacids (NBS-AA) | <input type="checkbox"/> New Born Screening - Immuno reactive trypsinogen (IRT) |
| <input type="checkbox"/> New Born Screening - Acylcarnitines (NBS-AC) | <input type="checkbox"/> New Born Screening-Hemoglobinopathy (NBSHB) |
| <input type="checkbox"/> New Born Screening - G6PD (NBSG6PD) | <input type="checkbox"/> ORION Focus (Clinical Exome/Mendeliome/
Panel testing) (T4595) |
| <input type="checkbox"/> Congenital Adrenal Hyperplasia (Seq+ MLPA) (T2549) | |

Clinical Details

Please provide relevant clinical details.

Please note : The samples must reach the lab within 12-24 hours of collection

Signature of Clinician

PATIENT CONSENT : I have had the opportunity to ask questions to my healthcare provider regarding this test, including the reliability of test results, the risks and the alternatives prior to giving my informed consent. I have read and understood the above/ have been explained the above in a language of my understanding and permit NDPL to perform the recommended analysis. I understand that a repeat sample may be required in case if the lab results are not reportable due to any reason. I understand that the data derived from my testing may be stored indefinitely as a part of the laboratory database. The data is always stored in de-identified form. I understand my de-identified data/sample may be used for research collaborations as well as scientific presentations and publications.

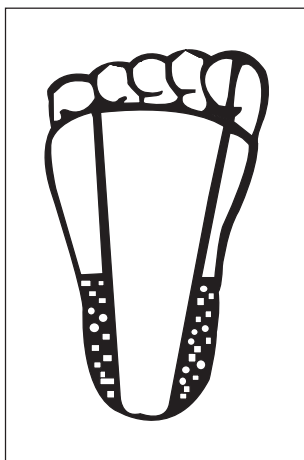
Guardian Signature

Neuberg Supratech Reference Laboratories Private Limited

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006
079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com

INSTRUCTIONS

- ✓ Please fill out form completely. Use ball point pen.
- ✓ Store specimen card in a cool dry place.
- ✓ Do not handle filter paper portion. Skin oils prevent saturation.



Right



Sample Collection

ACCEPTABLE

Circle filled and evenly saturated

Wrong



UNACCEPTABLE

Layering



Insufficient, Multiple applications



Serum ring present

Collect Sample From Shaded Area

1. Sterilize and dry skin. Puncture heel with sterile lancet
2. Allow large blood droplet to form (without excessive squeezing)
3. Touch filter paper to blood; allow blood to soak through completely in each circle. Total saturation of the circles must be evident when the paper is viewed on both sides, but do not apply blood to both sides.
4. Allow blood spots to air-dry thoroughly for 3-4 hours at room temperature. Keep away from direct sunlight and heat. Never superimpose one wet filter paper on another before thorough drying.
5. Submit specimen to the laboratory within 24 hours of collection.