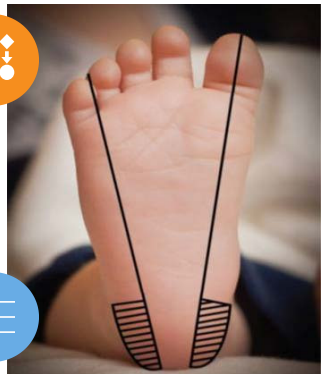
Collecting Newborn Screens

A Quick Resource Guide for Newborn Screen Collections



Date: July 7, 2024
Approved by: Shannon Preece
Location: System: Lab, Mother Baby, Women's Services, NICU, Clinics
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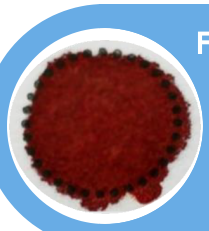
Audience: Staff who collect Newborn Screens

Plan and prepare

- IMPORTANT: Warm heel with approved warmer.
- Use a lancet appropriate for infant size.
- Place the infant's leg lower than its heart when possible.
- Clean the site and allow the alcohol to air dry completely.
- Puncture outside of heel, avoiding prior puncture sites.
- Wipe away the first drop of blood.
- Use **large** drops of blood to fill circles on the card.



Fill each circle on the card completely using one drop of blood per circle if possible.

- Apply blood to only one side of the filter paper.
- Lightly touch filter paper to the drop of blood without touching the infant's skin.
- Allow the blood to soak through the paper so that it is visible from the other side.
- If more than 2 drops are required to fill the initial circle, or more than 5 seconds has elapsed between application of the blood to the filter paper, puncture the heel a second time at a different site.

Record information legibly on the collection form.

- Check expiration date on card.
- Use only black or blue ink. *Gel pens or white-out are not allowed.*
- Fill out card even if barcode stickers are used.
- Mother/Legal Guardian information is used to match up subsequent collections.
- Include special considerations when applicable.
- Include collection facility codes.
- Additional Note: Document collection in patient medical record.

Specimen handling-Drying the specimen

- Keep away from heat or direct sunlight.
- Avoid contact with skin, protective flap, or other filter papers.
- Do not smear specimens.
- Do not place cards in plastic or biohazard bags
- Air dry specimen on a flat, non-absorbent surface for three (3) hours. *Drying time may be finished in the Lab for inpatient units.*
- Use of drying rack is recommended
- All specimens must be dry and shipped to the UW Lab within 24 hours of collection.

Causes of specimen rejection

- A supersaturated, clotted, or layered specimen often occurs from addition of multiple drops spaced more than 5 seconds apart, or filling from both sides of the filter paper.
- Insufficient fill of circle occurs from touching paper to tiny drops of blood or removing paper from the drop too soon.
- A scratched or abraded specimen occurs from applying blood with a capillary tube.

Causes of specimen rejection

- A specimen may be rejected as wet if not dried for three hours, or if shipped in a plastic bag.
- Contaminated specimens may be caused by milking the puncture or allowing foreign substances to touch the paper.
- Serum rings can be hard to see and may be caused by wet alcohol left on the skin, squeezing or milking the puncture site, improper drying, contact with contaminants, or use of capillary tube to apply blood to the circle.