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Form Name	Ireland Newborn Bloodspot Card
Design ID	IRNB20180405038
Version	038
Design Date	04/19/18 RC

Approved Not Approved

Signature

Print Name

Date

Changes from previous job (316461) as requested by John Dinan via email 02/09/18:

1. New Product Code assigned to Ireland Newborn Bloodspot Card = 3094
2. Updated job number (30940001), lot number (111064), expiration date (2021-02-28) and starting serial number (1486601) from previous ending number
3. Added the word "Ahlstrom" and the Instructions for Use symbol to the face of Part 5, and updated the EC Rep address to Prinsessegracht 20 on the back of Part 5 per Regulatory and Production labeling requirements
4. Updated the date of issue (02-2018) on the back of Part 6

Changes from previous version 035 as requested by John Dinan via email 03/23/18:

5. Updated the expiration date (2021-03-31)
6. Updates demographic information on each Part per attachment from customer

Changes from previous version 036 as requested by John Dinan via email 04/05/18:

7. Updated the date of issue (04-2018) on the back of Part 6
8. Updated the expiration date (2021-04-30)
9. Updated demographic information on Face of Part 1 per attachment from customer

Changes from previous version 037 as requested by John Dinan via email 04/19/18:

10. Updated wording on Front of Part 1 per customer request

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Face of Part 1 (no copy on back)

All measurements can vary +/- 1/16" (1.6mm);
 Manufacturing equivalent substitutions allowed for demographic papers;
 Glue lines are between the stubs of parts 1, 2, 3, 4, and in between part 4 and 5

----- Dotted Magenta lines signify perf lines.

VO perf
 Stub length
 7/16" (11.1mm)

↑
 Total Form Height
 (all parts):
 4 1/4" (108mm)
 ↓



NATIONAL NEWBORN BLOODSPOT SCREENING PROGRAMME

Feidhmeannacht na Seirbhíse Sláinte
 Health Service Executive

The Newborn Bloodspot (heel-prick) screening test helps identify babies who may have rare but serious conditions; other conditions will be added in the future. Most babies who are screened will not have any of the conditions, but for the small numbers who do, the benefits of screening are enormous. Early treatment can improve health; prevent disability and even early death. However, not all cases may be detected by newborn screening. You are asked to sign the card to confirm that the information about your baby is correct and that you agree to the test. If you do not want your baby screened you should speak with your public health nurse or midwife, you will be asked to sign another form. The Bloodspot Card is sent for testing to the National Newborn Bloodspot Screening Laboratory, Temple Street, Dublin. Occasionally, the public health nurse or midwife may contact you and ask to take a second blood sample from your baby's heel. This may be because not enough blood was collected, or because the test result was not clear.

Depending on the screening result, your child's sample may be sent for a specific confirmatory genetic test relevant only to a condition included in the newborn screening programme to complete the screening process.

Following screening a bloodspot may be used:-

- to check the results of the screening test or to perform other tests recommended by your child's doctor for which you as the parent must give consent.
- for quality control purposes and to help improve the screening programme as approved by the HSE. In such circumstances all samples will be completely anonymised and it will not be possible to trace any result back to an individual child.

For further information on all aspects of the bloodspot screening programme including the conditions, the test and the bloodspot sample, see the **Information Leaflet for Parents**, or visit www.newbornscreening.ie or www.hse.ie/go/newbornscreening

The card is stored securely as part of your baby's health record by the Screening Laboratory on behalf of the HSE. Your child's newborn screening results and a scan of the newborn screening card will be stored securely and permanently as per current Department of Health Newborn Bloodspot Screening Programme policy.

Please keep your copy of your baby's details in a safe place
N.B. Your babies' blood spot will never be used for commercial purposes.

← Part 1: 15# White Bond;
 Black, PMS 356, PMS 1935 ink face only
 8 3/8" (212.7mm) →

← Total Form Length:
 8 3/8" (212.7mm) →

Form Name	Ireland Newborn Bloodspot Card
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Version	038
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Face of Part 2 (no copy on back)

All measurements can vary +/- 1/16" (1.6mm);
 Manufacturing equivalent substitutions allowed for demographic papers;
 Glue lines are between the stubs of parts 1, 2, 3, 4, and in between part 4 and 5

----- Dotted Magenta lines signify perf lines.

VO perf
 Stub length
 7/16" (11.1mm)

Total Form Height
 (all parts):
 4 1/4" (108mm)

NATIONAL NEWBORN BLOODSPOT SCREENING LABORATORY
 TSCUH, Temple St, Dublin D01 YC67 Tel: 01 878 4277 Fax: 01 878 4596

Laboratory Use Only

Gest. Age	Time of Birth	Date of Birth	Baby's Unique Perinatal Identifier (UPI)
weeks	HHMM	DDMMYY	
Birth Weight	Rank	Gender	Date of First Feed
kgs		<input type="checkbox"/> M <input type="checkbox"/> F	DDMMYY
RBC Transfusion Received?	Date of First Transfusion	Time of First Transfusion	Baby's First Name
<input type="checkbox"/> Y <input type="checkbox"/> N	DDMMYY	HHMM	
If Yes	Date of Last Transfusion	Time of Last Transfusion	Baby's Address
	DDMMYY	HHMM	E I R C O D E
Type of Feed	Hospital/Place of Birth		
<input type="checkbox"/> Breast <input type="checkbox"/> Artificial <input type="checkbox"/> TPN <input type="checkbox"/> IV fluids <input type="checkbox"/> Soya/Lactose free			
Comments/Family Hx/Beutler/Meconium Ileus			
Date of Collection	Time of Collection	Repeat Specimen	Baby's Healthcare Record number (if transferred to another hospital)
DDMMYY	HHMM	<input type="checkbox"/> Y <input type="checkbox"/> N	
Sample taker's name (Print):		Mother's Surname	
Sample taker's Contact number:			
Parent/Legal Guardian preferred language:		Local Health Office	
I confirm that the details on this card are correct; I have read the information leaflet. I consent to my child being screened.		Sample Taken in <input type="checkbox"/> LHO <input type="checkbox"/> Hospital <input type="checkbox"/> Early Transfer Home	
Parent/Legal Guardian Signature:		If Hospital, state Ward	
		GP's Name	

1486601

Laboratory Copy

Expire Date 2021-04-30

Part 2: 16# White CB;
 Black and PMS 185 ink face only;
 3/16" Red consecutive arabic number
 6" (152.4mm)

Form Name	Ireland Newborn Bloodspot Card
Design ID	IRNB20180405038
Version	038
Design Date	04/19/18 RC

Face of Part 3 (no copy on back)

All measurements can vary +/- 1/16" (1.6mm);
 Manufacturing equivalent substitutions allowed for demographic papers;
 Glue lines are between the stubs of parts 1, 2, 3, 4, and in between part 4 and 5

----- Dotted Magenta lines signify perf lines.

VO perf
 Stub length
 7/16" (11.1mm)

↑
 Total Form Height
 (all parts):
 4 1/4" (108mm)
 ↓

NATIONAL NEWBORN BLOODSPOT SCREENING LABORATORY
 TSCUH, Temple St, Dublin DO1 YC67 Tel: 01 878 4277 Fax: 01 878 4596

Laboratory Use Only

Gest. Age	Time of Birth	Date of Birth	Baby's Unique Perinatal Identifier (UPI)
weeks	HHMM	DDMMYY	
Birth Weight	Rank	Gender	Date of First Feed
kgs		<input type="checkbox"/> M <input type="checkbox"/> F	DDMMYY
RBC Transfusion Received?	Date of First Transfusion	Time of First Transfusion	Baby's First Name
<input type="checkbox"/> Y <input type="checkbox"/> N	DDMMYY	HHMM	
If Yes	Date of Last Transfusion	Time of Last Transfusion	Baby's Address
	DDMMYY	HHMM	E I R C O D E
Type of Feed	Hospital/Place of Birth		
<input type="checkbox"/> Breast <input type="checkbox"/> Artificial <input type="checkbox"/> TPN <input type="checkbox"/> IV fluids <input type="checkbox"/> Soya/Lactose free			
Comments/Family Hx/Beutler/Meconium Ileus			
Date of Collection	Time of Collection	Repeat Specimen	Baby's Healthcare Record number (if transferred to another hospital)
DDMMYY	HHMM	<input type="checkbox"/> Y <input type="checkbox"/> N	
Sample taker's name (Print):		Mother's Surname	
Sample taker's Contact number:			
Parent/Legal Guardian preferred language:		Local Health Office	
I confirm that the details on this card are correct; I have read the information leaflet. I consent to my child being screened.		Sample Taken in <input type="checkbox"/> LHO <input type="checkbox"/> Hospital <input type="checkbox"/> Early Transfer Home	
Parent/Legal Guardian Signature:		If Hospital, state Ward	
		GP's Name	

Parent/Guardian Copy

🕒 Expiry Date 2021-04-30

Parent/Guardian Copy - PLEASE REMOVE
 Confidential - please keep in a safe place

1486601



Part 3: 14.5# White CFB;
 Black and PMS 185 ink face only;
 3/16" Red Consecutive arabic number
 6 3/8" (161.9mm)

Form Name	Ireland Newborn Bloodspot Card
Design ID	IRNB20180405038
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Face of Part 4 (no copy on back)

All measurements can vary +/- 1/16" (1.6mm);
 Manufacturing equivalent substitutions allowed for demographic papers;
 Glue lines are between the stubs of parts 1, 2, 3, 4, and in between part 4 and 5

----- Dotted Magenta lines signify perf lines.

VO perf
 Stub length
 7/16" (11.1mm)

↑
 Total Form Height
 (all parts):
 4 1/4" (108mm)
 ↓

NATIONAL NEWBORN BLOODSPOT SCREENING LABORATORY
 TSCUH, Temple St, Dublin D01 YC67 Tel: 01 878 4277 Fax: 01 878 4596

Laboratory Use Only

Gest. Age	Time of Birth	Date of Birth	Baby's Unique Perinatal Identifier (UPI)
weeks	HHMM	DDMMYY	
Birth Weight	Rank	Gender	Date of First Feed
kgs		<input type="checkbox"/> M <input type="checkbox"/> F	DDMMYY
RBC Transfusion Received?	Date of First Transfusion	Time of First Transfusion	Baby's First Name
<input type="checkbox"/> Y <input type="checkbox"/> N	DDMMYY	HHMM	
If Yes	Date of Last Transfusion	Time of Last Transfusion	Baby's Address
	DDMMYY	HHMM	E I R C O D E
Type of Feed	Hospital/Place of Birth		
<input type="checkbox"/> Breast <input type="checkbox"/> Artificial <input type="checkbox"/> TPN <input type="checkbox"/> IV fluids <input type="checkbox"/> Soya/Lactose free			
Comments/Family Hx/Beutler/Meconium Ileus			Baby's Healthcare Record number (if transferred to another hospital)
Date of Collection	Time of Collection	Repeat Specimen	Mother's Surname
DDMMYY	HHMM	<input type="checkbox"/> Y <input type="checkbox"/> N	
Sample taker's name (Print):			Local Health Office
Sample taker's Contact number:			
Parent/Legal Guardian preferred language:			Sample Taken in <input type="checkbox"/> LHO <input type="checkbox"/> Hospital <input type="checkbox"/> Early Transfer Home
I confirm that the details on this card are correct; I have read the information leaflet. I consent to my child being screened.			If Hospital, state Ward
Parent/Legal Guardian Signature:			GP's Name

Expire Date 2021-04-30

Sample Taker's Copy - PLEASE REMOVE

SN 1486601

Sample Taker's Copy

Part 4: 14.5# White CFB;
 Black and PMS 185 ink face only,
 3/16" Red Consecutive arabic number
 6 3/8" (161.9mm)

Form Name	Ireland Newborn Bloodspot Card
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Face of Parts 5 & 6 (copy on back)

All measurements can vary +/- 1/16" (1.6mm);
 Manufacturing equivalent substitutions allowed for demographic papers;
 Glue lines are between the stubs of parts 1, 2, 3, 4, and in between part 4 and 5

----- Dotted Magenta lines signify perf lines.

Distance of HH perf
 from left edge of part 5
 1" (25.4mm)

VO perf
 Stub length
 7/16" (11.1mm)

Total Form Height
 (all parts):
 4 1/4" (108mm)

FILL ALL CIRCLES WITH BLOOD THRO' FROM BACK

DO NOT DETACH, BEND, OR FOLD THIS PORTION OF CARD.
AVOID HANDLING THIS PORTION OF CARD.

Rank

--	--

Fill this circle first

circle first

NATIONAL NEWBORN BLOODSPOT SCREENING LABORATORY
 TSCUH, Temple St, Dublin D01 YC67 Tel: 01 878 4277 Fax: 01 878 4596

Laboratory Use Only

Gest. Age	Time of Birth	Date of Birth	Baby's Unique Perinatal Identifier (UPI)
weeks	HHMM	DDMMYY	
Birth Weight	Rank	Gender	Date of First Feed
kgs		<input type="checkbox"/> M <input type="checkbox"/> F	DDMMYY
RBC Transfusion Received?	Date of First Transfusion	Time of First Transfusion	Baby's First Name
<input type="checkbox"/> Y <input type="checkbox"/> N	DDMMYY	HHMM	
If Yes	Date of Last Transfusion	Time of Last Transfusion	Baby's Address
	DDMMYY	HHMM	E I R C O D E
Type of Feed	Comments/Family Hx/Beutler/Meconium Ileus		
<input type="checkbox"/> Breast <input type="checkbox"/> Artificial <input type="checkbox"/> TPN <input type="checkbox"/> IV fluids <input type="checkbox"/> Soya/Lactose free			
Date of Collection	Time of Collection	Repeat Specimen	Hospital/Place of Birth
DDMMYY	HHMM	<input type="checkbox"/> Y <input type="checkbox"/> N	
Sample taker's name (Print):	Baby's Healthcare Record number (if transferred to another hospital)		
Sample taker's Contact number:			
Parent/Legal Guardian preferred language:	Mother's Surname		
I confirm that the details on this card are correct; I have read the information leaflet. I consent to my child being screened.	Local Health Office		
Parent/Legal Guardian Signature:	Sample Taken in <input type="checkbox"/> LHO <input type="checkbox"/> Hospital <input type="checkbox"/> Early Transfer Home		
	If Hospital, state Ward		
	GP's Name		

Laboratory Copy

Expiry Date 2021-04-30

Part 6: PerkinElmer 226;
 ID333 ink face and back;
 13mm ID Circles
 2" (50.8mm)

Part 5: 33# White CF;
 Black ink face and back, PMS 185 ink face only;
 Barcode with 2 human readables face only;
 3/16" Black Arabic number on back
 7" (177.8mm)

PerkinElmer
 For the Better
 ID0214_Rev2 05-May-2011

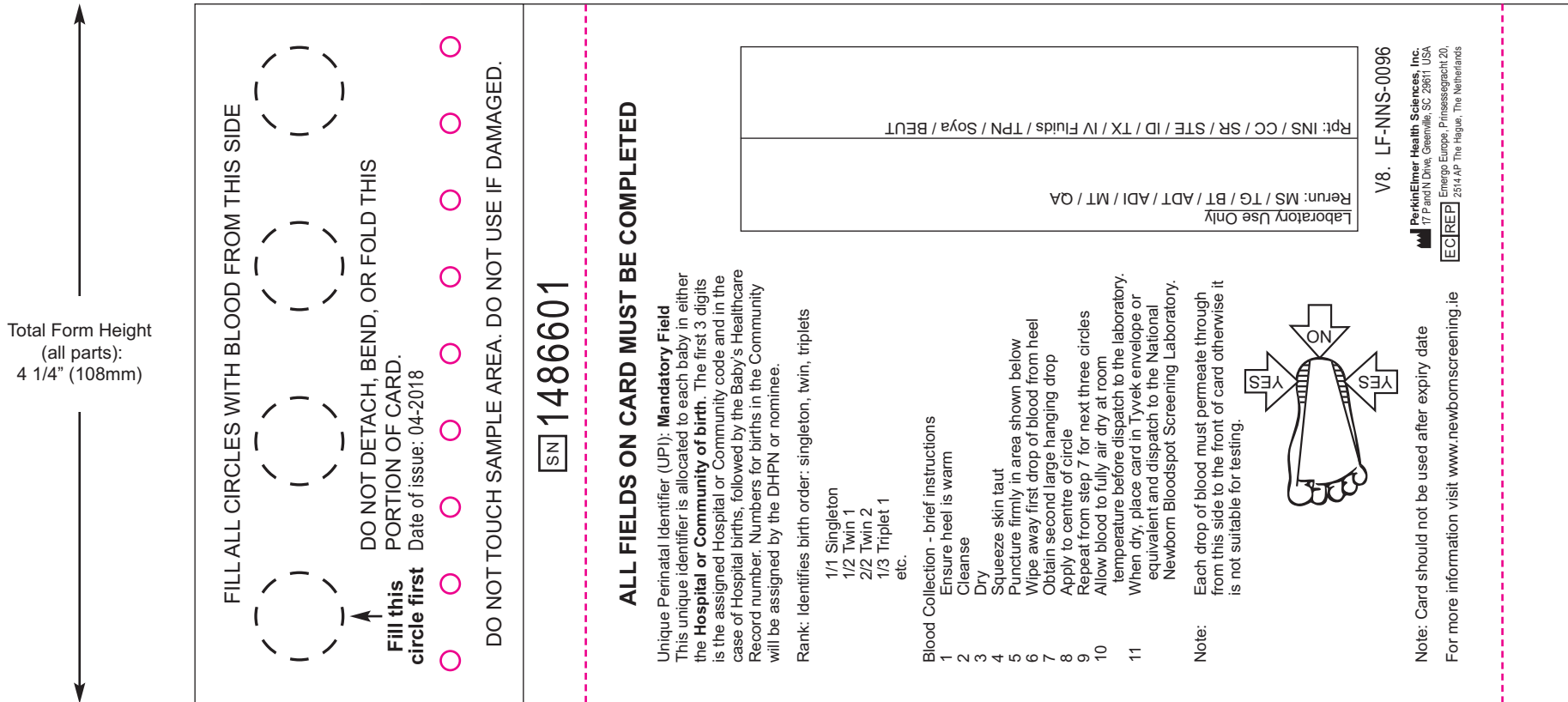
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Back of Parts 5 & 6 (copy on face)

All measurements can vary +/- 1/16" (1.6mm);
 Manufacturing equivalent substitutions allowed for demographic papers;
 Glue lines are between the stubs of parts 1, 2, 3, 4, and in between part 4 and 5

- Dotted Magenta lines signify perf lines.
- ○ ○ Magenta circles signify line holes.

VO perf
 Stub length
 7/16" (11.1mm)



Part 6: PerkinElmer 226;
 ID333 ink face and back;
 13mm ID Circles
 2" (50.8mm)

Part 5: 33# White CF;
 Black ink face and back, PMS 185 ink face only;
 Barcode with 2 human readables face only;
 3/16" Black Arabic number on back
 7" (177.8mm)

Note: Card should not be used after expiry date
 For more information visit www.newbornscreening.ie