



MEMORANDUM

June 7, 2024

To: Georgia Public Health Laboratory Newborn Screening Submitters

From: Tonia Parrott, PhD, HCLD
Deputy Director, Georgia Public Health Laboratory

Tracy Kavanaugh, MS, MCHES
Newborn and Well Child Screening Manager

RE: Updated Newborn Screening Cards

Effective July 1, 2024, the Georgia Newborn Screening Program will begin using updated newborn screening cards (see below) to collect dried blood spot specimens. These new cards will be sent to providers beginning June 24. We request that you begin using them on **July 1, 2024**.

The card updates include the following:

Additional Preprinted Circle (Blood Spot): The new card will transition from 5 preprinted circles to 6 preprinted circles for blood collection. The additional spot will allow Georgia to test for conditions added to the newborn screening panel.

Meconium ileus Check Box: The card now has a new field to capture babies identified as having an intestinal blockage due to meconium ileus. This will assist with detecting newborns who may be at risk of having cystic fibrosis.

Serial Number Format: Serial numbers on the newborn screening cards have been updated to include GA at the beginning of the 12-digit serial number (i.e., kit number, form number). The new serial number format is GA0000000001.

The Newborn Screening Program will provide training through the release of the 2024 Georgia Newborn Screening Policy and Procedure Manual, recorded webinar trainings, and monthly office hours. Additional information can be found at www.dph.ga.gov/NBS.

If you have additional questions, please contact the Georgia Public Health Laboratory at (404) 321-2281 or (404) 327-6890.

Revvity™ 226 Anilabrom 116265 / 30610008 2029-01-31 1930	Submitting Healthcare Provider (Report and Invoice to) Submitting Facility's Address Name _____ ZIP _____ State _____ ZIP Code _____		Subscriber Code _____ For GA State Lab Use Only	Georgia Public Health Laboratory - Neonatal Screening Public Health Department, Atlanta, GA 30333 Telephone: 404-639-7000 Fax: 404-639-7001 Email: ga000000001@ga000000001.com
	Pediatrician After Discharge Pediatrician's Mailing Address (Report Copy To) Name _____ ZIP _____ State _____ ZIP Code _____		Pediatrician's Phone Number _____ Pediatrician's Email _____	
	Patient's Name Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____ Sex _____		Patient's Race _____ Patient's Ethnicity _____	
	Patient's Address Street _____ City _____ State _____ ZIP Code _____		Patient's Insurance Information Insurance Company _____ Policy Number _____	
BIRTH INFORMATION Date of Birth _____ Time of Birth _____ Place of Birth _____ Birth Weight _____ Birth Length _____ Birth Head _____ Birth Sex _____ Birth Race _____ Birth Ethnicity _____ Birth Date _____ Birth Time _____ Birth Place _____ Birth Weight _____ Birth Length _____ Birth Head _____ Birth Sex _____ Birth Race _____ Birth Ethnicity _____				
LABORATORY INFORMATION Specimen Type _____ Specimen Source _____ Specimen Date _____ Specimen Time _____ Specimen Location _____ Specimen Status _____ Specimen Date _____ Specimen Time _____ Specimen Location _____ Specimen Status _____				
MOTHER'S INFORMATION Mother's Name _____ Mother's Address _____ Mother's Phone Number _____ Mother's Email _____ Mother's Date of Birth _____ Mother's Sex _____ Mother's Race _____ Mother's Ethnicity _____ Mother's Date of Birth _____ Mother's Sex _____ Mother's Race _____ Mother's Ethnicity _____				
PATIENT'S INFORMATION Patient's Name _____ Patient's Address _____ Patient's Phone Number _____ Patient's Email _____ Patient's Date of Birth _____ Patient's Sex _____ Patient's Race _____ Patient's Ethnicity _____ Patient's Date of Birth _____ Patient's Sex _____ Patient's Race _____ Patient's Ethnicity _____				

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