PerkinElmer
For the Better

Phone 864.299.8787
Toll Free 866.757.8334 Fax. 864.299.8797

Form Name	South Carolina NBS
Job Number	SCNB20210122009
Version	009
Design Date	01/22/21 AS

Approved ☐ Not Approved ☐

Signature

Print Name | Date

Changes from previous job (31740002) as requested by Sandi Hall via email 01/20/21 & 01/23/21:
1. Product Code assigned to South Carolina NBS = 3174
2. Updated job number (31740003), lot number (114068), expiration date (2026-01-31) and starting serial number (01695001) from highest number collated on job (31740002)
3. For Baby's Sex; updated options from "1 Male & 2 Female" to "M Male & F Female" on the Face of Parts 1, 2 & 3
4. Updated the 3rd bullet under "Completion of Form" section on the back of Parts 3 & 5 to "'Gestational Age' is the number of weeks of gestation at the time of delivery."
5. Updated "Rev" to (1/2021)
6. Added email address under "To Re-Order Forms" section on the back of Parts 3 & 5

Form Name	South Carolina NBS
Job Number	SCNB20210122009
Version	009
Design Date	01/22/21 AS

Dotted Magenta lines signify perf lines.

Magenta circles signify line holes.

Front of Form (Flap Folded)

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

Stub: 1/2"

BIOHAZARD

LOT 114068 / 3174003

01695001 SN

SENDER COPY

01695001 SN

DO NOT DETACH LAB COPY

dhec NEWBORN SCREENING
PUBLIC HEALTH LABORATORY
SC DEPT. OF HEALTH AND ENVIRONMENTAL CONTROL
8231 PARKLANE ROAD, COLUMBIA, SC 29223
803-896-0874

Use By 2026-01-31

DHEC LAB USE ONLY

BABY'S LAST NAME

BABY'S FIRST NAME

MOTHER'S LAST NAME

MOTHER'S FIRST NAME

MOTHER'S ADDRESS

CITY

STATE COUNTY ZIP CODE

PARENT(S) / GUARDIAN'S PHONE NO. – –

MEDICAL RECORD NO.

PRIMARY MD LICENSE NO.

BABY'S PRIMARY PHYSICIAN

STREET ADDRESS

CITY, STATE

PHONE NUMBER

HOSPITAL / SPECIMEN SUBMITTER NO.

HOSPITAL NAME / SUBMITTER NAME

STREET ADDRESS

CITY, STATE, ZIP

NBS TEST PANEL REQUESTED

1st NBS TEST REPEAT NBS TEST PHE

DATE OF BIRTH MM / DD / YY

TIME OF BIRTH : MIL TIME

DATE OF COLLECTION MM / DD / YY

TIME OF COLLECTION : MIL TIME

COLLECTOR ID / INITIALS

SEX M Male F Female

RACE 1. White 2. AF-Amer. 3. Hispanic 4. Asian 5. Amer. Ind 6. Other

BIRTH WEIGHT IN GRAMS

PRESENT WEIGHT IN GRAMS

MULTIPLE BIRTHS YES NO

IF MULTIPLE: A, B, C, etc.

LAST TRANSFUSION DATE MM / DD / YY TIME :

FEEDING 01 BREAST 02 LACTOSE 03 NON-LACTOSE 04 TPN 05 NPO

GESTATIONAL AGE WKS.

DHEC LAB USE ONLY

DHEC 1327 (1/2021)

Use By 2026-01-31

DHEC 1327 (1/2021)

Total Form Height (all parts): 4" (101.6mm)

Total Form Length (Flap Folded): 9 3/8" (238.1mm)

PerkinElmer For the Better

ID0214_Rev2 05-May-2011

Form Name	South Carolina NBS
Job Number	SCNB20210122009
Version	009
Design Date	01/22/21 AS

Dotted Magenta lines signify perf lines.

Magenta circles signify line holes.

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

Stub: 1/2"

dhec NEWBORN SCREENING
PUBLIC HEALTH LABORATORY
SC DEPT. OF HEALTH AND ENVIRONMENTAL CONTROL
8231 PARKLANE ROAD, COLUMBIA, SC 29223
803-896-0874

Use By 2026-01-31

DHEC LAB USE ONLY

BABY'S LAST NAME
BABY'S FIRST NAME
MOTHER'S LAST NAME
MOTHER'S FIRST NAME
MOTHER'S ADDRESS
CITY
STATE
COUNTY
ZIP CODE
PARENT(S) / GUARDIAN'S PHONE NO.
MEDICAL RECORD NO.

DATE OF BIRTH M M / D D / Y Y
TIME OF BIRTH : MIL TIME
DATE OF COLLECTION M M / D D / Y Y
TIME OF COLLECTION : MIL TIME
COLLECTOR ID / INITIALS
SEX M Male F Female
RACE 1. White 2. AF-Amer. 3. Hispanic 4. Asian 5. Amer. Ind 6. Other
BIRTH WEIGHT IN GRAMS
PRESENT WEIGHT IN GRAMS
MULTIPLE BIRTHS YES NO
IF MULTIPLE: A, B, C, etc.
LAST TRANSFUSION DATE M M / D D / Y Y TIME :
FEEDING 01 BREAST 02 LACTOSE 03 NON-LACTOSE 04 TPN 05 NPO
GESTATIONAL AGE WKS.

PRIMARY MD LICENSE NO.
BABY'S PRIMARY PHYSICIAN
STREET ADDRESS
CITY, STATE
PHONE NUMBER

HOSPITAL / SPECIMEN SUBMITTER NO.
HOSPITAL NAME / SUBMITTER NAME
STREET ADDRESS
CITY, STATE, ZIP

NBS TEST PANEL REQUESTED
1st NBS TEST REPEAT NBS TEST PHE

DHEC LAB USE ONLY

DHEC 1327 (1/2021)

01695001 SN

DO NOT DETACH LAB COPY

DHEC 1327 (1/2021)

Use By 2026-01-31

Total Form Height (all parts): 4" (101.6mm)

Part 1: 16# White CB;
Black & Red 185 Ink face only;
Rectangles shaded at 10% Red 185;
"DHEC LAB USE ONLY" screened at 20% Black;
Code 3 of 9 barcode with human readable;
7 1/4" (184.2mm)

PerkinElmer
For the Better
ID0214_Rev2 05-May-2011

Form Name	South Carolina NBS
Job Number	SCNB20210122009
Version	009
Design Date	01/22/21 AS

Dotted Magenta lines signify perf lines.

Magenta circles signify line holes.

Face of Part 2 (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

Stub: 1/2"

01695001 SN

SENDER COPY

dhec NEWBORN SCREENING
PUBLIC HEALTH LABORATORY
SC DEPT. OF HEALTH AND ENVIRONMENTAL CONTROL
8231 PARKLANE ROAD, COLUMBIA, SC 29223
803-896-0874

DHEC LAB USE ONLY

Use By 2026-01-31

BABY'S LAST NAME
BABY'S FIRST NAME
MOTHER'S LAST NAME
MOTHER'S FIRST NAME
MOTHER'S ADDRESS
CITY
STATE
COUNTY
ZIP CODE
PARENT(S) / GUARDIAN'S PHONE NO.
MEDICAL RECORD NO.

PRIMARY MD LICENSE NO.
BABY'S PRIMARY PHYSICIAN
STREET ADDRESS
CITY, STATE
PHONE NUMBER

HOSPITAL / SPECIMEN SUBMITTER NO.
HOSPITAL NAME / SUBMITTER NAME
STREET ADDRESS
CITY, STATE, ZIP

NBS TEST PANEL REQUESTED
1st NBS TEST REPEAT NBS TEST PHE

DATE OF BIRTH MM / DD / YY
TIME OF BIRTH : MIL TIME
DATE OF COLLECTION MM / DD / YY
TIME OF COLLECTION : MIL TIME
COLLECTOR ID / INITIALS
SEX M Male F Female
RACE 1. White 2. AF-Amer. 3. Hispanic 4. Asian 5. Amer. Ind 6. Other
BIRTH WEIGHT IN GRAMS
PRESENT WEIGHT IN GRAMS
MULTIPLE BIRTHS YES NO
IF MULTIPLE: A, B, C, etc.
LAST TRANSFUSION DATE MM / DD / YY TIME :
FEEDING 01 BREAST 02 LACTOSE 03 NON-LACTOSE 04 TPN 05 NPO
GESTATIONAL AGE WKS.

Use By 2026-01-31

DHEC LAB USE ONLY

DHEC 1327 (1/2021)

DHEC 1327 (1/2021)

Total Form Height
(all parts):
4" (101.6mm)

Part 2: 14.5# White CFB;
Black & PMS Purple 2613 Ink face only;
Rectangles shaded at 10% Purple 2613;
"DHEC LAB USE ONLY" screened at 20% Purple 2613;
Grey 423 Ink back only;
3/16 Black Press Number on face;
7 5/8" (193.7mm)

PerkinElmer
For the Better
ID0214_Rev2 05-May-2011

Form Name	South Carolina NBS
Job Number	SCNB20210122009
Version	009
Design Date	01/22/21 AS

Dotted Magenta lines signify perf lines.

Magenta circles signify line holes.

Back of Part 2 (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 & 5 and in-between Parts 3 & 4

Stub: 1/2"

COUNTY CODE SHEET

01 ABBEVILLE
02 AIKEN
03 ALLENDALE
04 ANDERSON
05 BAMBERG
06 BARNWELL
07 BEAUFORT
08 BERKELEY
09 CALHOUN
10 CHARLESTON
11 CHEROKEE
12 CHESTER
13 CHESTERFIELD
14 CLARENDON
15 COLLETON
16 DARLINGTON
17 DILLON
18 DORCHESTER
19 EDGEFIELD
20 FAIRFIELD
21 FLORENCE
22 GEORGETOWN
23 GREENVILLE
24 GREENWOOD
25 HAMPTON
26 HORRY
27 JASPER
28 KERSHAW
29 LANCASTER
30 LAURENS
31 LEE
32 LEXINGTON
33 MARION
34 MARLBORO
35 McCORMICK
36 NEWBERRY
37 OCONEE
38 ORANGEBURG
39 PICKENS
40 RICHLAND
41 SALUDA
42 SPARTANBURG
43 SUMTER
44 UNION
45 WILLIAMSBURG
46 YORK

Total Form Height
(all parts):
4" (101.6mm)

Part 2: 14.5# White CFB;
Black & PMS Purple 2613 Ink face only;
Rectangles shaded at 10% Purple 2613;
"DHEC LAB USE ONLY" screened at 20% Purple 2613;
Grey 423 Ink back only;
3/16 Black Press Number on face;
7 5/8" (193.7mm)

PerkinElmer
For the Better
ID0214_Rev2 05-May-2011

Form Name	South Carolina NBS
Job Number	SCNB20210122009
Version	009
Design Date	01/22/21 AS

Dotted Magenta lines signify perf lines.

Magenta circles signify line holes.

Face of Parts 3 & 4 (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 & 5 and in-between Parts 3 & 4

Total Length of Parts 3 & 4:
9 1/4" (235mm)

Stub: 1/2"

FILL EACH CIRCLE WITH ONE DROP OF BLOOD
BLOOD MUST SOAK COMPLETELY THROUGH
DO NOT APPLY BLOOD TO BOTH SIDES

PerkinElmer 226 Ahlstrom
LOT 114068 / 31740003

01695001 SN

2026-01-31

01695001 SN

LAB COPY

dhec NEWBORN SCREENING
PUBLIC HEALTH LABORATORY
SC DEPT. OF HEALTH AND ENVIRONMENTAL CONTROL
8231 PARKLANE ROAD, COLUMBIA, SC 29223
803-896-0874

Use By 2026-01-31

DHEC LAB USE ONLY

BABY'S LAST NAME
BABY'S FIRST NAME
MOTHER'S LAST NAME
MOTHER'S FIRST NAME
MOTHER'S ADDRESS
CITY
STATE
COUNTY
ZIP CODE
PARENT(S) / GUARDIAN'S PHONE NO.
MEDICAL RECORD NO.

PRIMARY MD LICENSE NO.
BABY'S PRIMARY PHYSICIAN
STREET ADDRESS
CITY, STATE
PHONE NUMBER

HOSPITAL / SPECIMEN SUBMITTER NO.
HOSPITAL NAME / SUBMITTER NAME
STREET ADDRESS
CITY, STATE, ZIP

NBS TEST PANEL REQUESTED
1st NBS TEST REPEAT NBS TEST PHE

DATE OF BIRTH MM / DD / YY
TIME OF BIRTH : MIL TIME
DATE OF COLLECTION MM / DD / YY
TIME OF COLLECTION : MIL TIME
COLLECTOR ID / INITIALS
SEX M Male F Female
RACE 1. White 2. AF-Amer. 3. Hispanic 4. Asian 5. Amer. Ind 6. Other
BIRTH WEIGHT IN GRAMS
PRESENT WEIGHT IN GRAMS
MULTIPLE BIRTHS YES NO
IF MULTIPLE: A, B, C, etc.
LAST TRANSFUSION DATE MM / DD / YY TIME :
FEEDING 01 BREAST 02 LACTOSE 03 NON-LACTOSE 04 TPN 05 NPO
GESTATIONAL AGE WKS.

Use By 2026-01-31

DHEC LAB USE ONLY

DHEC 1327 (1/2021)

DHEC 1327 (1/2021)

Total Form Height
(all parts):
4" (101.6mm)

Part 3: 33# White CF;
Black Ink face only;
Rectangles shaded at 10% Black;
"DHEC LAB USE ONLY" screened at 20% Black;
Grey 423 Ink back only;
Code 3 of 9 barcode with two human readable;
7 7/8" (200mm)

Part 4: PerkinElmer 226;
Bio-Inert Ink face & back;
Circles = 12mm ID
2" (50.8mm)

PerkinElmer
For the Better

ID0214_Rev2 05-May-2011

Form Name	South Carolina NBS
Job Number	SCNB20210122009
Version	009
Design Date	01/22/21 AS

Dotted Magenta lines signify perf lines.

Magenta circles signify line holes.

Back of Parts 3 & 4 (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

Stub: 1/2"

SPECIMEN COLLECTION & HANDLING

- Check expiration date on form to ensure the form is within date; do NOT use forms past their expiration date.
- Specimen should be collected between 24 and 48 hours after birth, or as closely as possible to the time of discharge if discharged early.
- Specimen should be collected by a heel puncture using a disposable blood collection device appropriate for newborn collection.
- Allow blood to begin flowing before attempting to fill the filter spots.
- It is ESSENTIAL that each circle is filled using 1 drop of blood per circle
- Ensure that blood saturates through to the reverse side of the filter paper.
- Do NOT use capillary tubes for blood collection and application.
- Allow specimen to dry completely before mailing (usually approximately 4 hours).
- Keep specimens from direct sunlight and heat sources. Heat must NOT be used to facilitate drying.
- All specimens must be sent to the DHEC Public Health Laboratory within 24 hours of collection.
- Specimens should never be held for batch mailing.
- Do NOT send specimens in plastic bags.

COMPLETION OF FORM

- Accurately complete all fields on the form; Forms with incomplete information will delay testing.
- To ensure confidentiality, nothing should be written on the newborn screening form indicating the HIV or hepatitis infection status of the mother.
- 'Gestational Age' is the number of weeks of gestation at the time of delivery.

TO RE-ORDER FORMS

- If more forms are needed, call the DHEC Public Health Laboratory Supply Department @ 803-896-0913 to re-order or e-mail the re-order to phl-supply@dhec.sc.gov.

Total Form Height
(all parts):
4" (101.6mm)

Part 3: 33# White CF;
Black Ink face only;
Rectangles shaded at 10% Black;
"DHEC LAB USE ONLY" screened at 20% Black;
Grey 423 Ink back only;
Code 3 of 9 barcode with two human readable;
7 7/8" (200mm)

Part 4: PerkinElmer 226;
Bio-Inert Ink face & back;
Circles = 12mm ID
2" (50.8mm)

PerkinElmer
For the Better
ID0214_Rev2 05-May-2011

Form Name	South Carolina NBS
Job Number	SCNB20210122009
Version	009
Design Date	01/22/21 AS

Dotted Magenta lines signify perf lines.

Magenta circles signify line holes.

Back of Part 5 (no 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

Stub: 1/2"

Folding Flap 1 1/2"

1) Do not touch sample areas 2) Do not use if damaged

SPECIMEN COLLECTION & HANDLING

- Check expiration date on form to ensure the form is within date; do NOT use forms past their expiration date.
- Specimen should be collected between 24 and 48 hours after birth, or as closely as possible to the time of discharge if discharged early.
- Specimen should be collected by a heel puncture using a disposable blood collection device appropriate for newborn collection.
- Allow blood to begin flowing before attempting to fill the filter spots.
- It is ESSENTIAL that each circle is filled using 1 drop of blood per circle
- Ensure that blood saturates through to the reverse side of the filter paper.
- Do NOT use capillary tubes for blood collection and application.
- Allow specimen to dry completely before mailing (usually approximately 4 hours).
- Keep specimens from direct sunlight and heat sources. Heat must NOT be used to facilitate drying.
- All specimens must be sent to the DHEC Public Health Laboratory within 24 hours of collection.
- Specimens should never be held for batch mailing.
- Do NOT send specimens in plastic bags.

COMPLETION OF FORM

- Accurately complete all fields on the form; Forms with incomplete information will delay testing.
- To ensure confidentiality, nothing should be written on the newborn screening form indicating the HIV or hepatitis infection status of the mother.
- 'Gestational Age' is the number of weeks of gestation at the time of delivery.

TO RE-ORDER FORMS

- If more forms are needed, call the DHEC Public Health Laboratory Supply Department @ 803-896-0913 to re-order or e-mail the re-order to phl-supply@dhec.sc.gov.

IVD

PerkinElmer Health Sciences, Inc.
17 P and N Drive, Greenville, SC 29611 USA

DHEC 1327 (1/2021)

BIOHAZARD

Total Form Height
(all parts):
4" (101.6mm)

Part 5: 32# Buff Ledger;
Black & Red 185 Ink back only;
10 7/8" (276.2mm)

PerkinElmer
For the Better

ID0214_Rev2 05-May-2011