Attachment Two (2) - IEM-1A Blood Test Form

[redacted]

Phone [redacted]
Toll Free [redacted] Fax. [redacted]

Form Name	New Jersey IEM-1a
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

Approved ☐ Not Approved ☐

Signature

Print Name | Date

Changes from previous job [redacted]
1. [redacted]
2. [redacted]
3. Added 3/16th Black Consecutive Number to filter per customer request
4. Replaced ID333 with ID0606 ink on Part 5
5. Updated lineholes to represent actual size
6. Moved variable information from filter to the Face of Part 4

Form Name	New Jersey IEM-1a
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

Dotted Magenta lines signify perf lines.

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, and 6 and in between parts 4 and 5.

Perf: 3/4”

Folded Flap: 1 1/2”

DO NOT USE THIS FORM AFTER 04/30/2022

BABY’S LAST NAME ***(PRINT)***

SN 19400001

Instructions to Submitter:

After entering the newborn’s name, remove this copy and give it to the parents of this newborn.

Parents,

Your baby has had his/her Newborn Screening blood test. This is an important public health service that can protect your baby. Infants may look healthy but have certain rare health problems which can be found by this test.

A small amount of blood was taken from your baby’s heel and sent to the New Jersey Newborn Screening Laboratory for testing. The hospital has given you the brochure “These Tests Could Save Your Baby’s Life.” This brochure has more information about Newborn Screening.

Please take this notice to your baby’s doctor, who can get a copy of the results by contacting the Newborn Screening Laboratory.

Por favor lleve esta carta al doctor de su bebé.

State of New Jersey NEWBORN SCREENING

New Jersey Department of Health

http://www.newbornscreening.nj.gov

PARENT COPY

DO NOT REMOVE THIS COVER FLAP
It is for the protection of the specimen and the specimen handlers.

OPEN this flap to uncover the circles for blood collection AND leave open while drying.

BEFORE submitting the specimen:
Make sure the spots are completely dry and the protective flap is folded over the dried blood spots.

BIOHAZARD

Total Form Height (all parts) 4” (106mm)

Total Form Length (flap folded) 10” (254mm)

[redacted]

Form Name	New Jersey IEM-1a
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

Dotted Magenta lines signify perf lines.

Face of Part 1 (copy on face)

All measurements can vary +/- 1/16” (1.6mm).
Manufacturing equivalent substitutions allowed for demographic papers
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Perf: 3/4”

DO NOT USE THIS FORM AFTER 04/30/2022

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State of New Jersey NEWBORN SCREENING

New Jersey Department of Health

http://www.newbornscreening.nj.gov

PARENT COPY

Total Form Height (all parts) 4” (106mm)

Part 1: 20# Goldenrod Bond
Black and Red 185 ink face,
Black ink only on back,
3/16” Red 185 consecutive number on face,
Shaded Words & Lines = 20%,
8 1/2” (215.9mm)

[redacted]

Form Name	New Jersey IEM-1a
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

Dotted Magenta lines signify perf lines.

Back of Part 1 (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 6 and in between parts 4 and 5.

Perf: 3/4”

Your baby’s specimen will be securely stored according to Department of Health policy.
The current policy is available on the Newborn Screening Program’s website:
http://www.newbornscreening.nj.gov.

Newborn Screening Laboratory
New Jersey Department of Health
P.O. Box 371
Trenton, NJ 08625-0371

Total Form Height
(all parts)
4” (106mm)

Part 1: 20# Goldenrod Bond
Black and Red 185 ink face,
Black ink only on back,
3/16” Red 185 consecutive number on face,
Shaded Words & Lines = 20%,
8 1/2” (215.9mm)

[redacted]

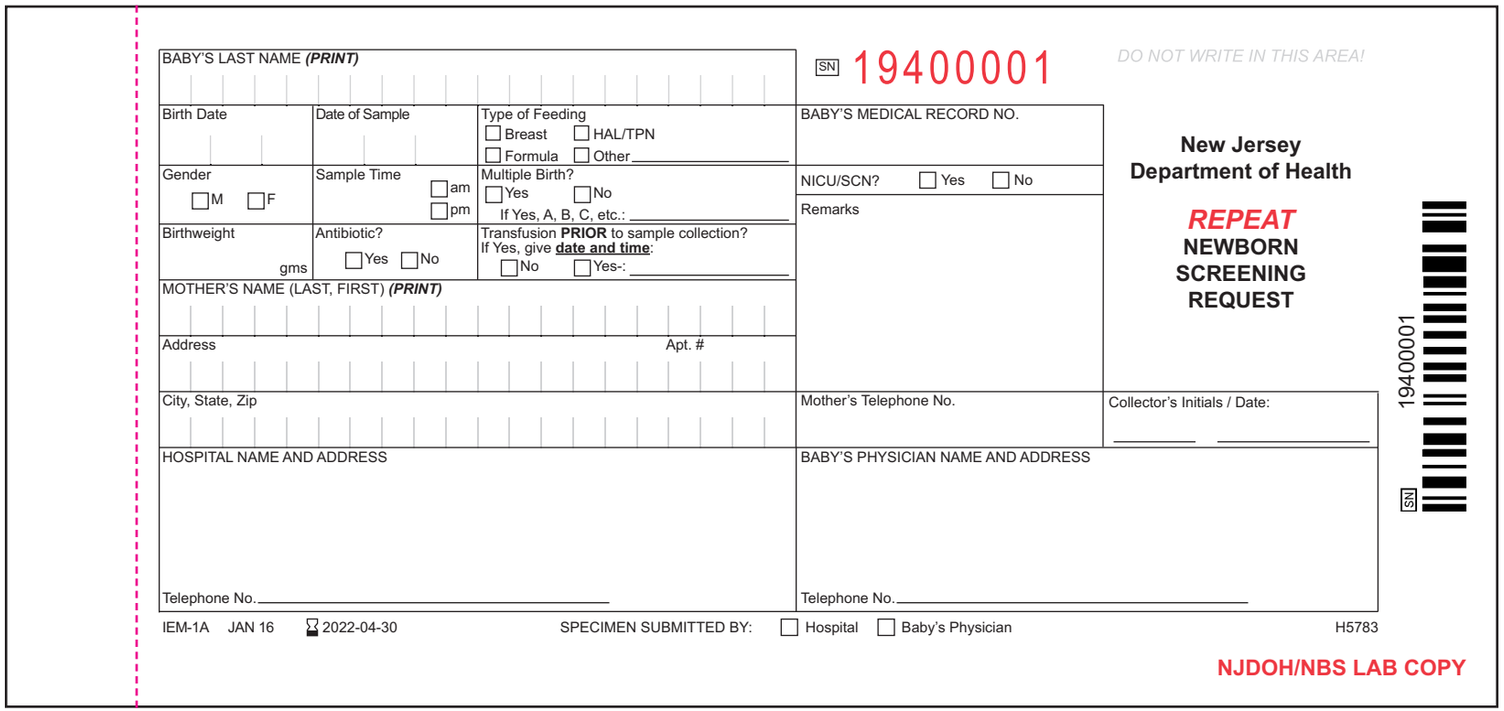
Form Name	New Jersey IEM-1a
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

Dotted Magenta lines signify perf lines.

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 6 and in between parts 4 and 5.

Perf: 3/4”



Total Form Height
(all parts)
4” (106mm)

Part 2: 16# White CB
Black and Red 185 ink face only,
3/16” Red 185 consecutive number,
Code 128 barcode with one human readable,
Shaded Words & Lines = 20%,
8 1/2” (215.9mm)

[redacted]

Form Name	New Jersey IEM-1a
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

Dotted Magenta lines signify perf lines.

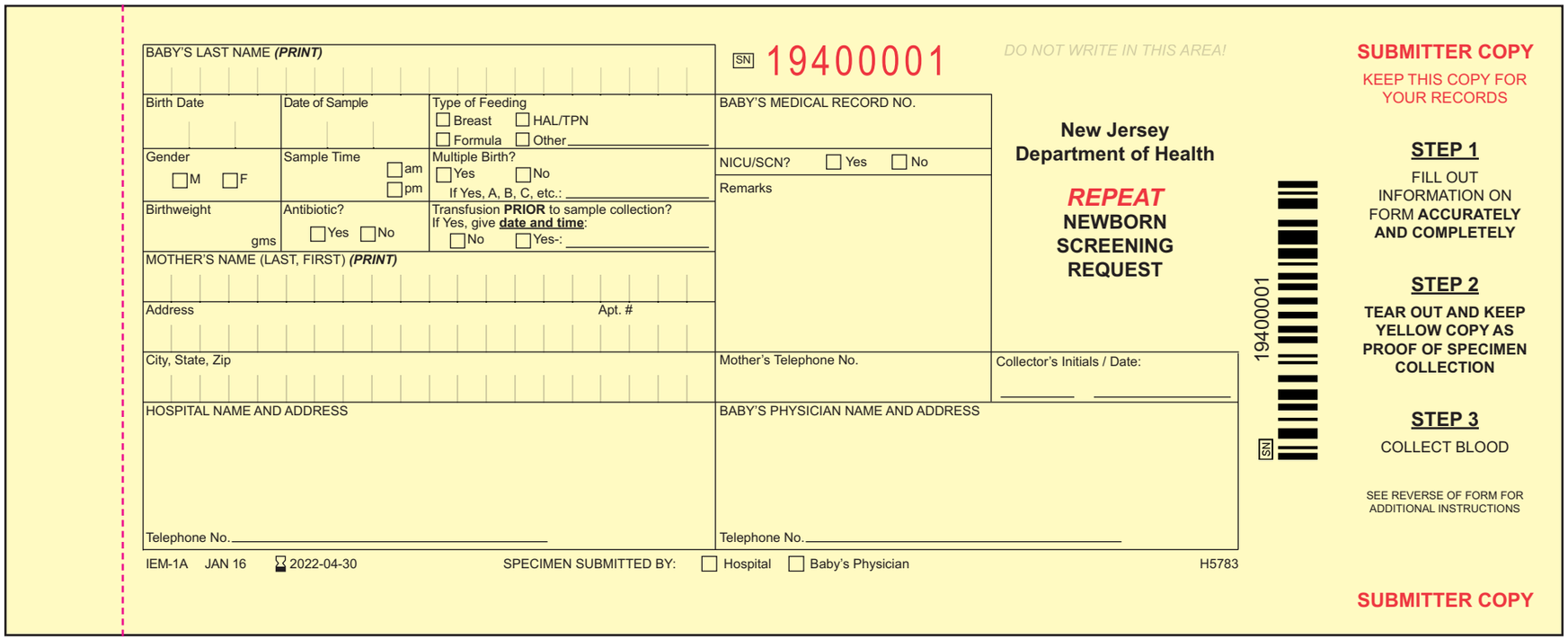
Face of Part 3 (no copy on back)

Please specify starting number. 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 6 and in between parts 4 and 5.

Perf: 3/4”



Total Form Height
(all parts)
4” (106mm)

Part 3: 14.5# Canary CFB
Black and Red 185 ink face only,
3/16” Red 185 consecutive number,
Code 128 barcode with one human readable,
Shaded Words & Lines = 20%,
9 7/8” (250.8mm)

[redacted]

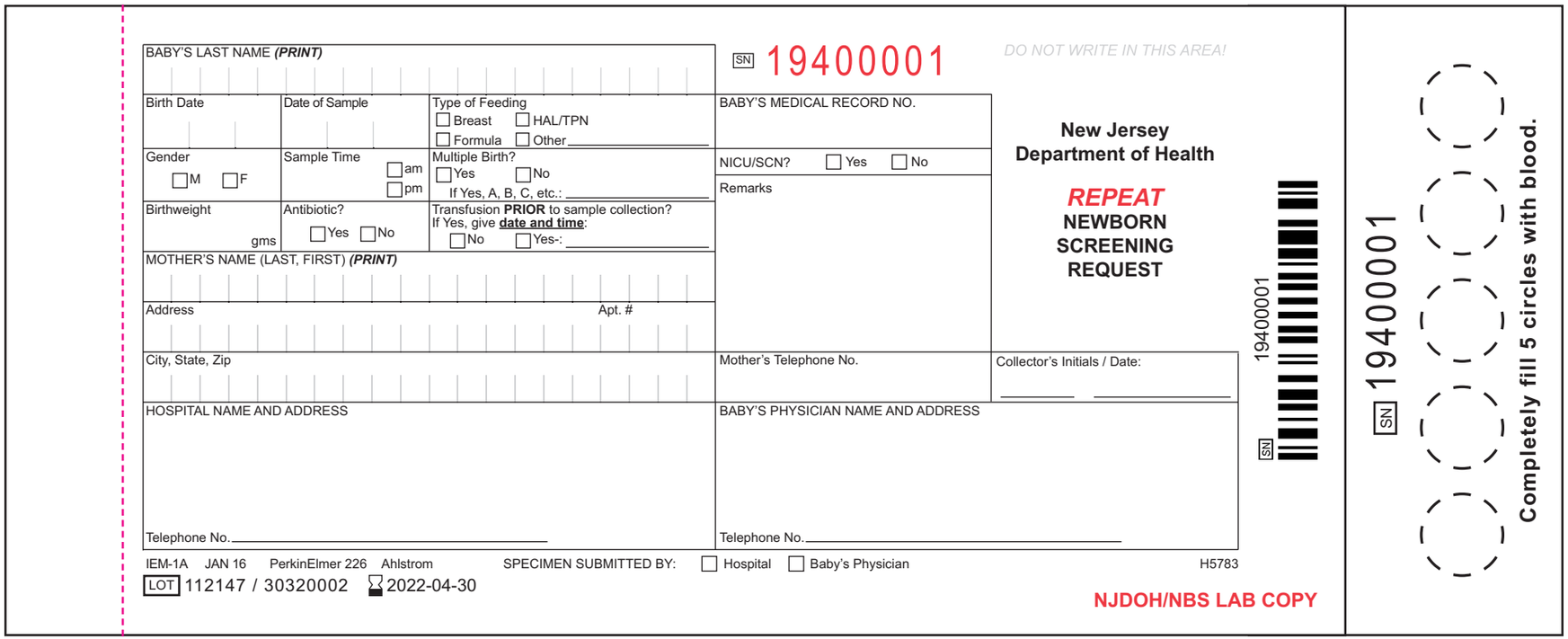
Form Name	New Jersey IEM-1a
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

Dotted Magenta lines signify perf lines.

Face of Parts 4 and 5 (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 6 and in between parts 4 and 5.

Perf: 3/4”



Total Form Height
(all parts)
4” (106mm)

Part 4: 33# White CF
Black and Red 185 ink face only,
3/16” Red 185 consecutive number,
Code 128 barcode with one human readable,
Shaded Words & Lines = 20%,
8 1/2” (215.9mm)

Part 5: [redacted]
ID0606 ink face and
back, 3/16” Black
Consecutive Numbers
Face only, Circles are
12.7mm ID,
2” (50.8mm)

[redacted]

Form Name	New Jersey IEM-1a
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

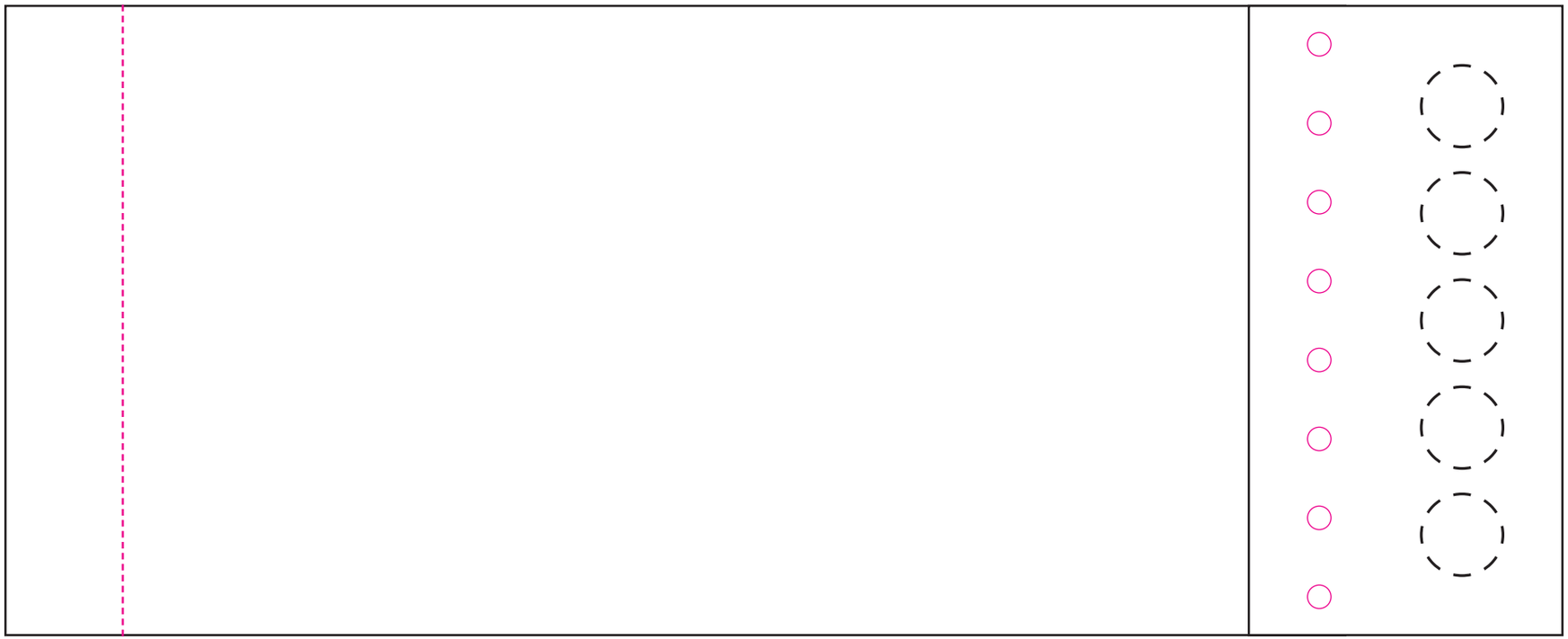
Back of Parts 4 and 5 (copy on face)

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 6 and in between parts 4 and 5.

Dotted Magenta lines signify perf lines.

Magenta circles signify line holes.

Perf: 3/4”



Total Form Height
(all parts)
4” (106mm)

Part 4: 33# White CF
Black and Red 185 ink face only,
3/16” Red 185 consecutive number,
Code 128 barcode with one human readable,
Shaded Words & Lines = 20%,
8 1/2” (215.9mm)

Part 5: [redacted]
ID0606 ink face and
back, 3/16” Black
Consecutive Numbers
Face only, Circles are
12.7mm ID,
2” (50.8mm)

[redacted]

Form Name	New Jersey IEM-1a
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

Back of Part 6 (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, and 6 and in between parts 4 and 5.

Dotted Magenta lines signify perf lines.

Magenta circles signify line holes.

Perf: 3/4”

Folded Flap: 1 1/2”

IVD [redacted]

New Jersey Department of Health
NEWBORN SCREENING LABORATORY
P.O. Box 371
Trenton, NJ 08625-0371

INSTRUCTIONS

Fill in information on form completely. Print clearly in Pen. Press firmly to assure legibility.

1. Hold infant’s limb in a dependent position to improve blood flow.
2. Clean heel thoroughly. Wipe with alcohol and dry before puncturing.
3. Puncture heel with sterile lancet deep enough to assure free flow of blood. Wipe puncture site with dry swab.
4. Allow large blood droplet to form.
5. Touch filter paper to blood and allow to soak through completely in each circle. Total saturation of circles must be evident when the paper is viewed on both sides. DO NOT APPLY BLOOD TO BOTH SIDES.
6. ALLOW BLOOD SPOTS TO AIR DRY FOR THREE TO FOUR HOURS AT ROOM TEMPERATURE. KEEP AWAY FROM DIRECT SUNLIGHT AND HEAT. NEVER SUPERIMPOSE ONE WET FILTER PAPER ON ANOTHER BEFORE DRYING.
7. When mailing, specimens should not be place in hermetically sealed mailers (plastic or plasticene envelopes).
8. Submit filter paper cards promptly to the above address, within 24 hours.

NOTE: Specimens may be unsatisfactory if:
- All circles not completely filled.
- Samples oversaturated due to layering of blood or use of capillary tubes.
- Specimen not allowed to dry thoroughly.
- Contaminated.

WARNINGS:
1. Do not touch sample area.
2. Do not use if damaged.

DO NOT REMOVE THIS COVER FLAP
It is for the protection of the specimen and the specimen handlers.

OPEN this flap to uncover the circles for blood collection **AND** leave open while drying.

BEFORE submitting the specimen:
Make sure the spots are completely dry and the protective flap is folded over the dried blood spots.

BIOHAZARD

Total Form Height
(all parts)
4” (106mm)

Part 6: 32# Buff Ledger (Flap Open)
Black and Red 185 ink back only,
11 1/2” (292.1mm)

[redacted]