Screening-Labor Hannover

Dr. med. Dr. rer. nat. Nils Janzen
Facharzt für Laboratoriumsmedizin

Deutsche Akkreditierungsstelle D-ML-19642-02-00

PO-BOX 91 10 09
D-30430 Hannover

Request form Newborn Screening

					Anf	Df	Re
	For laboratory use only						

Previous screening test

Previous sample No

Data of child and mother:

Surname

☐ male ☐ female

First name(s)

Date of birth (ddmmyy) and time (hhmm)

Date of sample (ddmmyy) and time (hhmm)

Birth weight [g] Gestational age (weeks)

Number

Mother's name

Mother's date of birth

Therapy before / during blood collection:

☐ Glucose infusion ☐ Catecholamine inf. ☐ Aminoacid infusion ☐ Blood/Ery-Transfus. ☐ Steroids ☐ Carnitine

Comments

Hospital

Date

Hospital

GP