Attachment One (1) - IEM-1 Blood Test Form

[redacted]

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

Form Name	New Jersey IEM-1
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
7. Removed Meconium ileus from all parts per customer request

Form Name	New Jersey IEM-1
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 19100001

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-1
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

Dotted Magenta lines signify perf lines.

Face of Part 1 (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”

DO NOT USE THIS FORM AFTER 04/30/2022

BABY’S LAST NAME ***(PRINT)***

SN 19100001

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

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

Part 1: 20# Green 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)

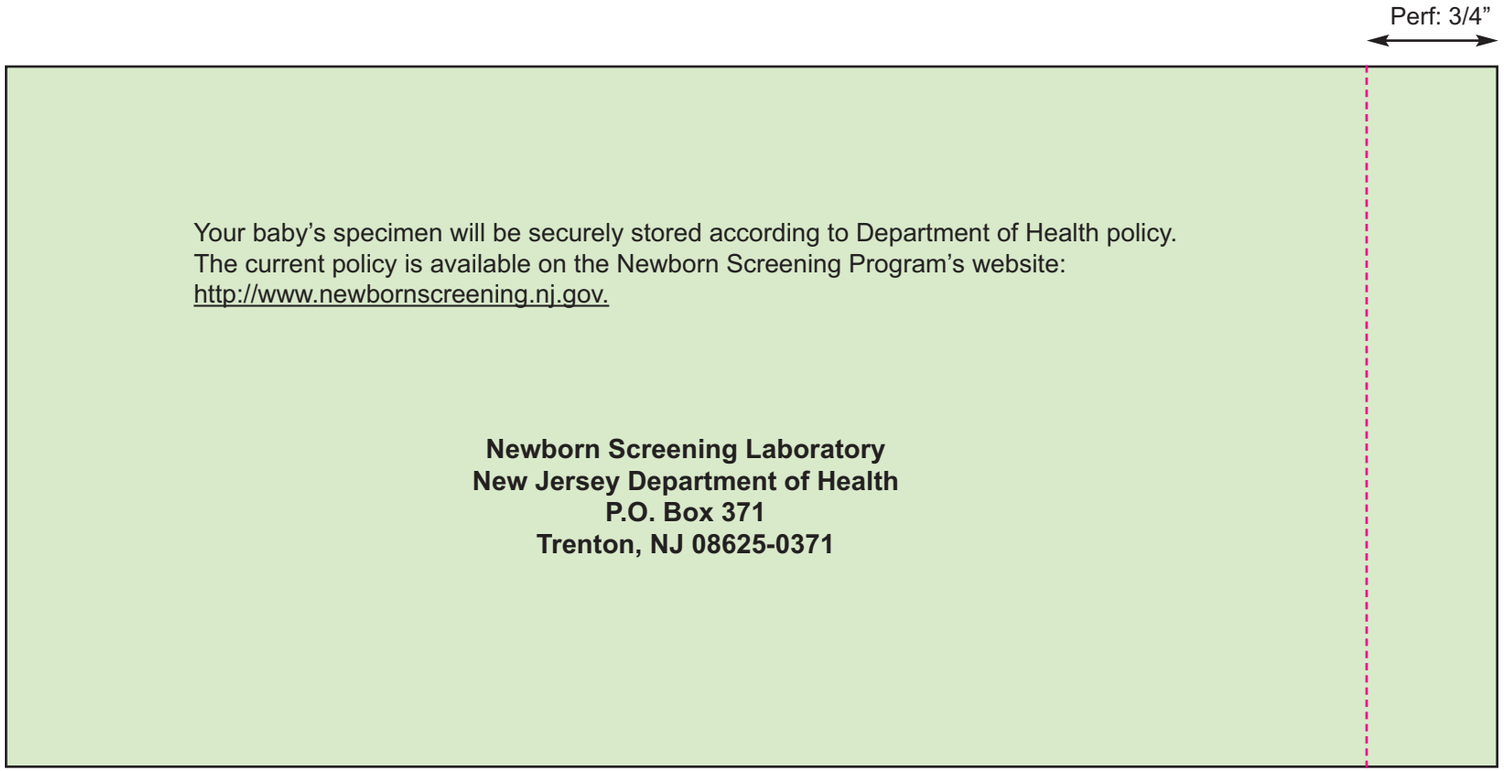
[redacted]

Form Name	New Jersey IEM-1
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.



[redacted]

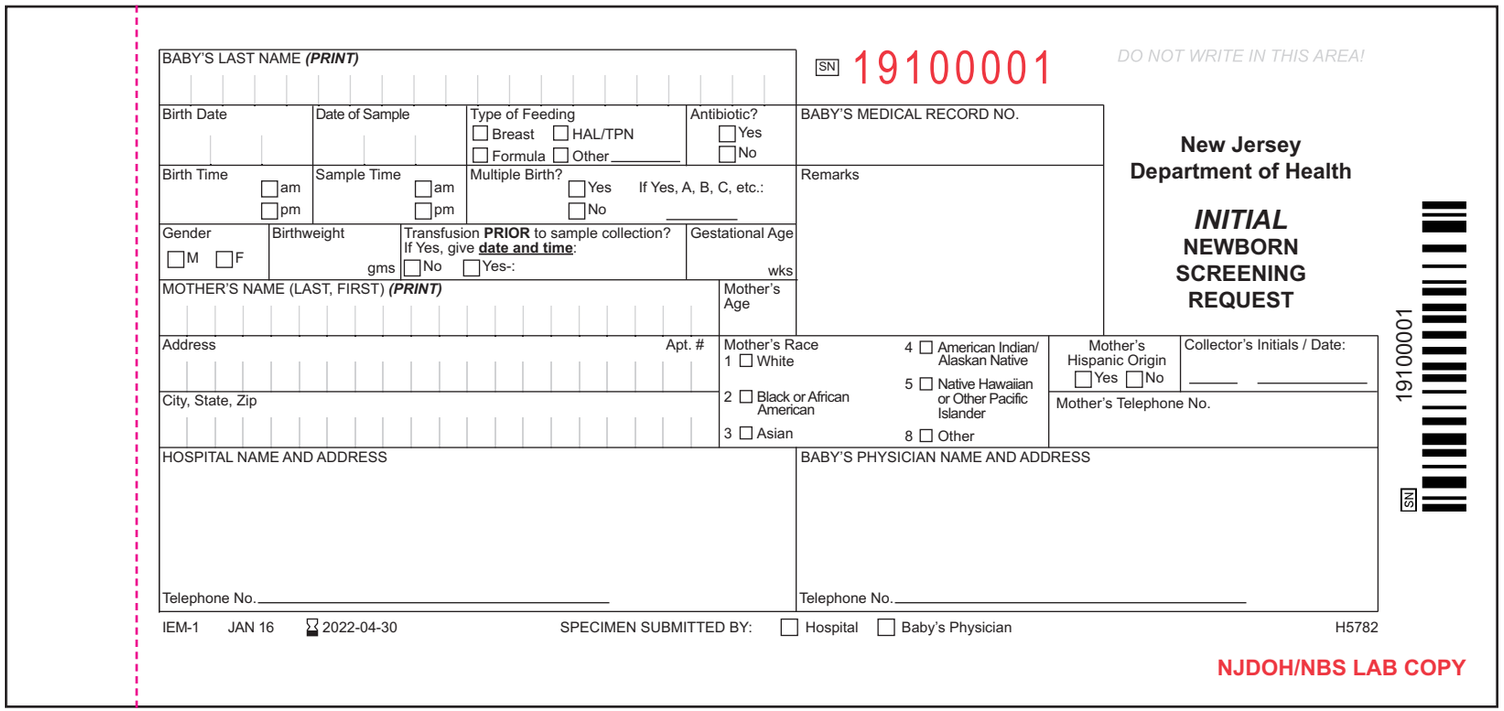
Form Name	New Jersey IEM-1
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

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]

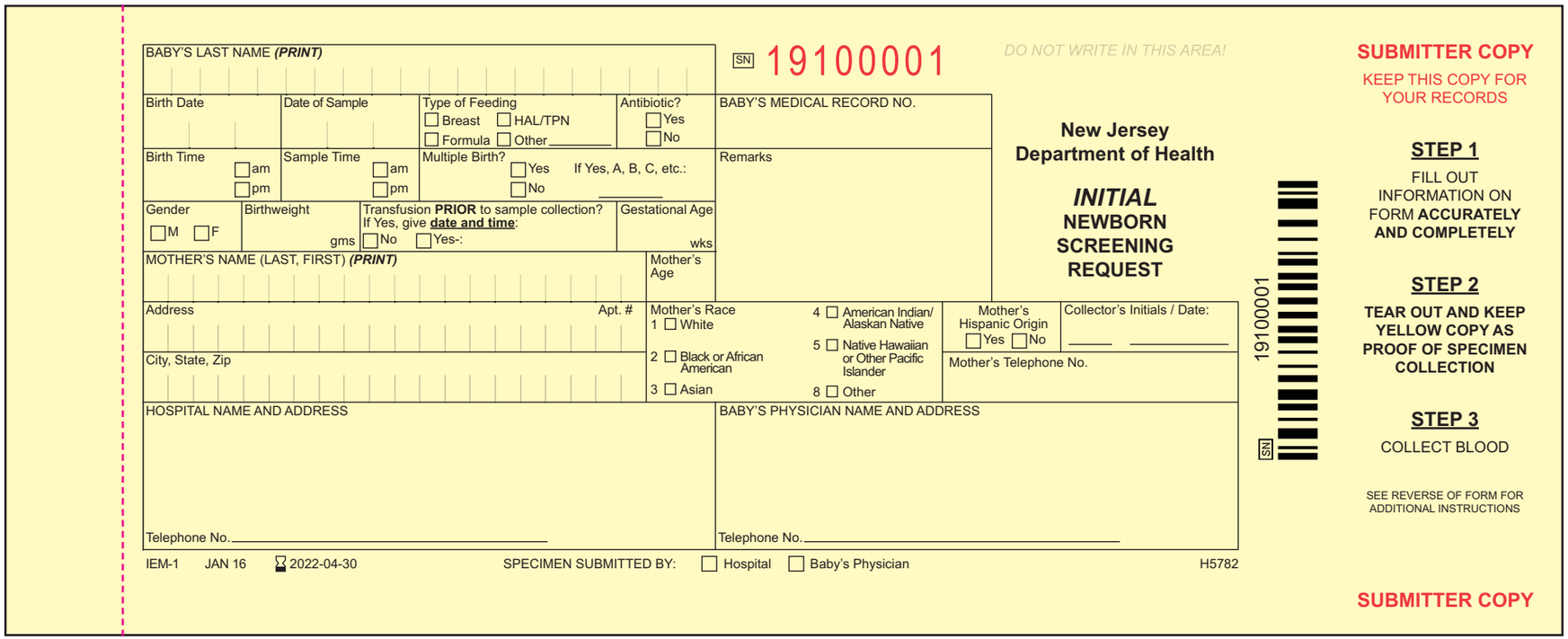
Form Name	New Jersey IEM-1
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

Dotted Magenta lines signify perf lines.

Face of Part 3 (no copy on back)

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]

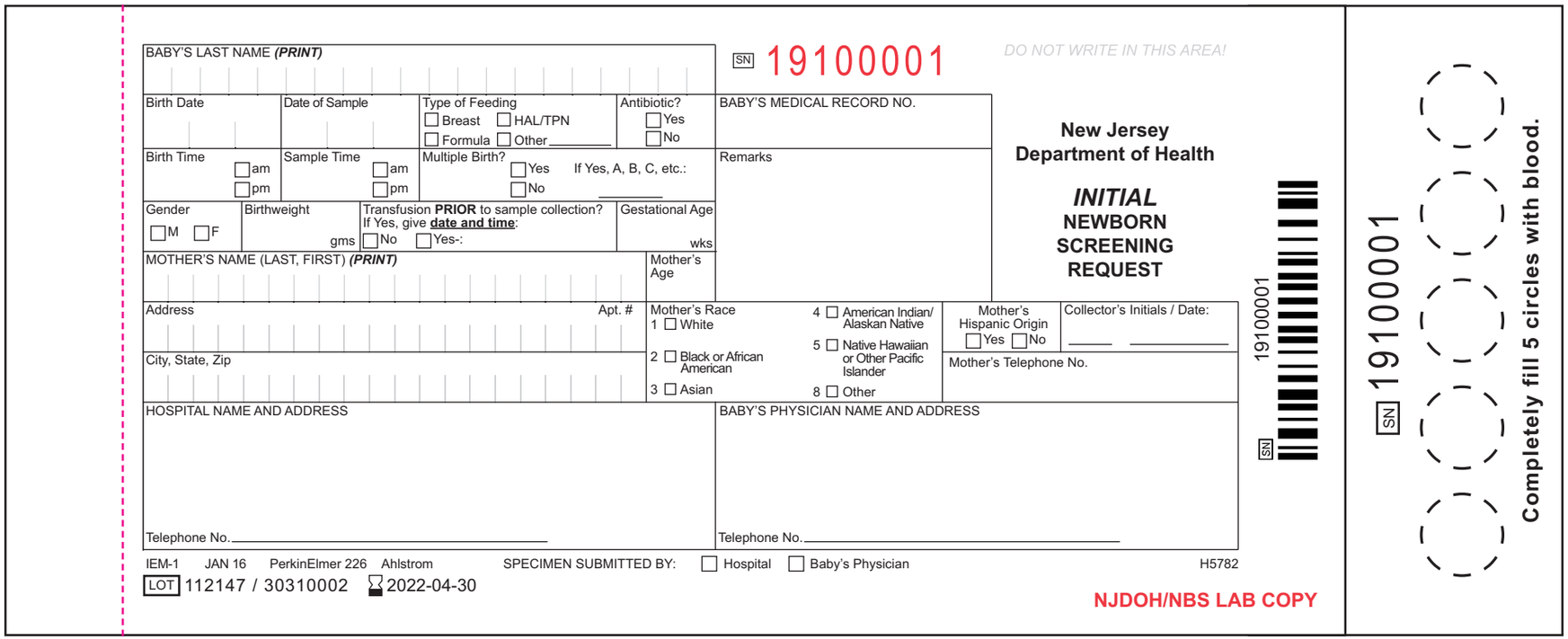
Form Name	New Jersey IEM-1
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

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]

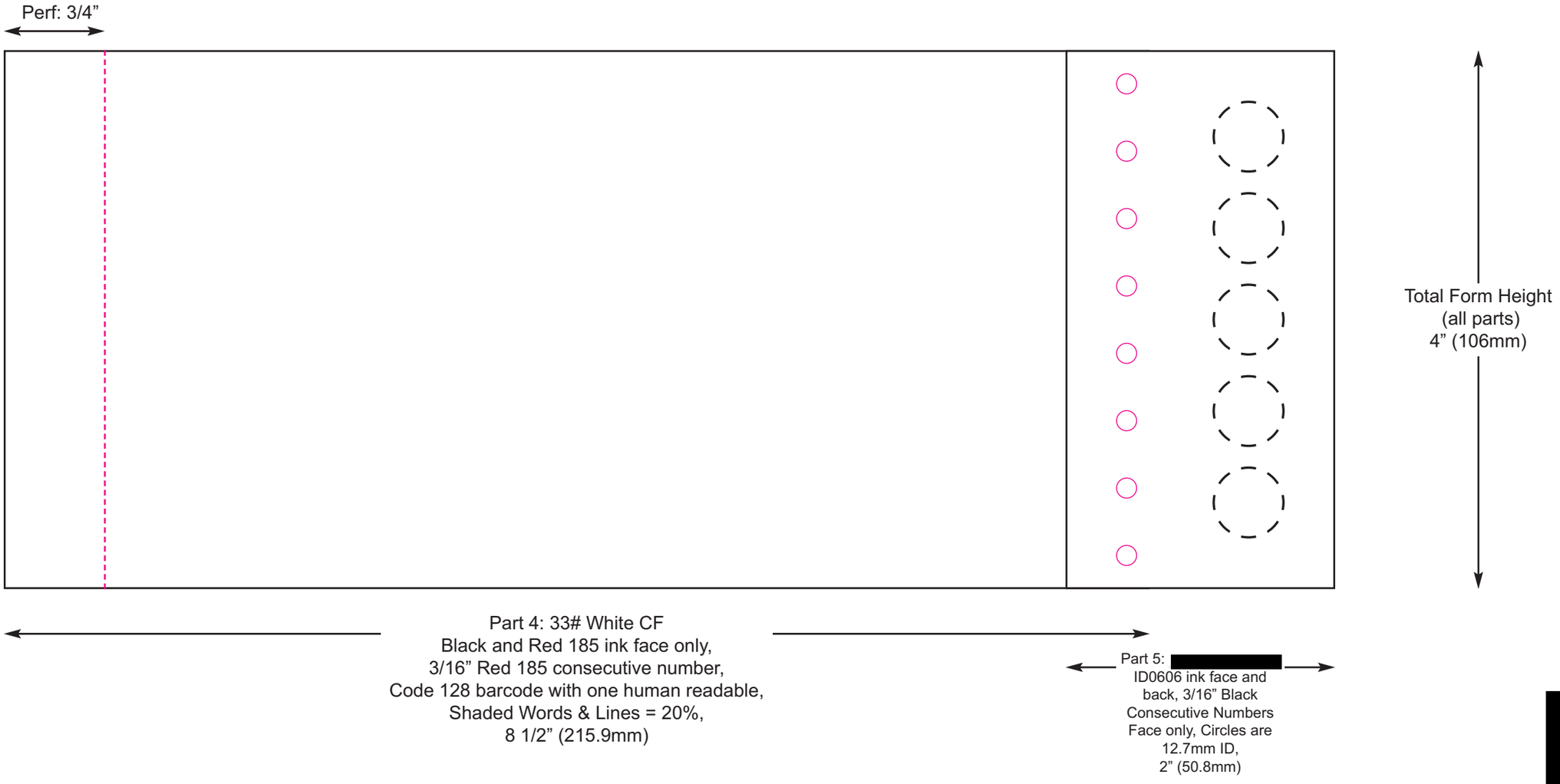
Form Name	New Jersey IEM-1
Design ID	[redacted]
Version	[redacted]
Design Date	04/24/19 RC

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.



[redacted]

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

Back of Part 6 (no copy on face)

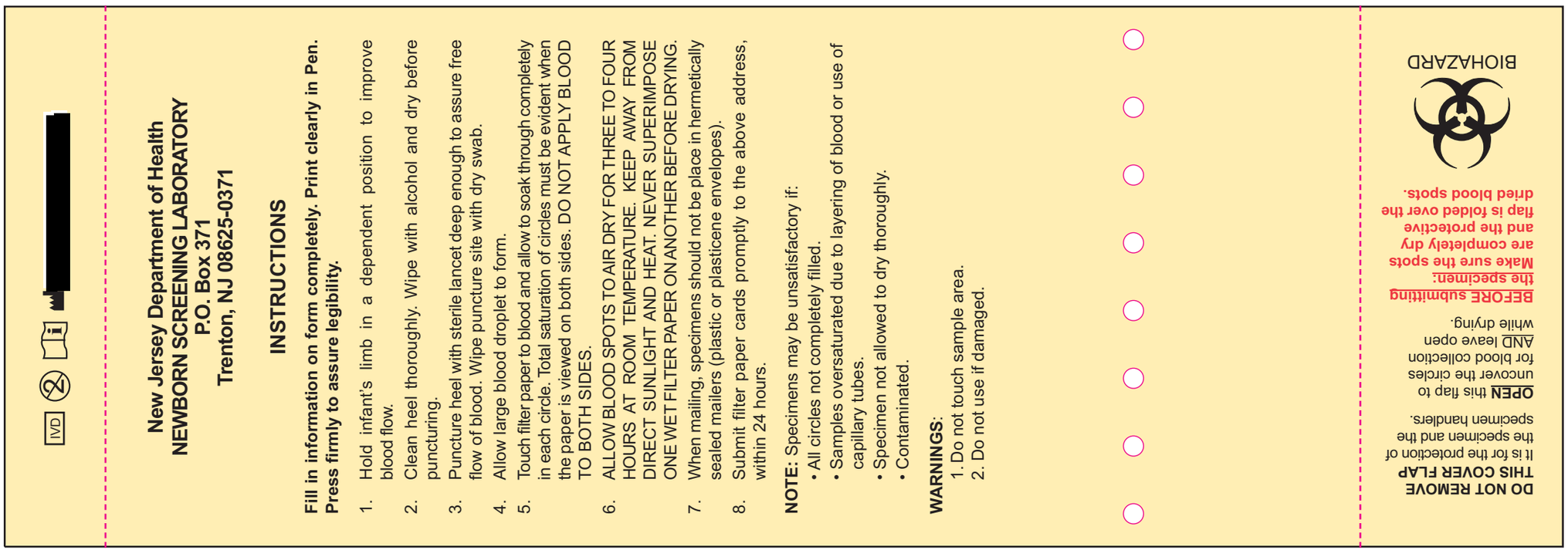
All measurements can vary +/- 1/16” (1.6mm).
Manufacturing equivalent substitutions allowed for demographic papers
Glue lines are between the stubs of parts 1, 2, 3, 4, and 6 and in between parts 4 and 5.

Dotted Magenta lines signify perf lines.

Magenta circles signify line holes.

Perf: 3/4”

Folded Flap: 1 1/2”



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]