PKU Screening Test

Patient Information	
Patient Name:	
Date of Birth:	
Gender:	
Parent/Guardian Name:	
Contact Information:	
Hospital/Healthcare Facility:	
Clinical Information	
Date of Birth:	
Date of Test:	
Age at Screening:	hours/days
Birth Weight:	grams
Gestational Age:	weeks
Took lade was able to	
Test Information Blood Collection Site:	
☐ Heel	
Other:	
- Other:	
Blood Collection Date and Time:	
Specimen Handling:	
□ Dried Blood Spot	
Serum	
Specimen Collection Time:	
PKU Screening Test Results	
Phenylalanine (Phe) Level: µmol/L	