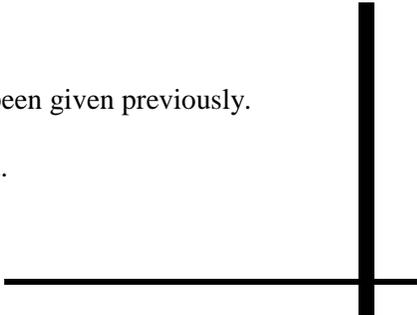


Directions for Recording the Diet Diary

For greatest accuracy, weigh food on a scale that reads in grams. All measures are level.

1. Use US Bureau of Standards approved measuring cups and spoons for all servings. All Measurements should be level.
 2. Measuring utensils needed:
 - a. 1 set standard measuring spoons
 - b. 1 set standard measuring cups for non-liquid foods
 - c. 1 standard glass measuring cup for liquids
 - d. 1 quart measuring pitcher
 - e. 1 standard ruler
 3. Equivalent measures are:
 - 3 tsp = 1 Tbsp
 - 16 Tbsp = 1 cup
 - 1 fl oz = 2 Tbsp
 - 1 jar First Fruits and Vegetables® = 4 1/2 oz = 9 Tbsp
 - 1 jar Second and Third Fruits and Vegetables® = 7 1/2 oz = 15 Tbsp
 4. For 3 days before obtaining a blood specimen, record the exact amount of all medical food mixture and solid food *at the time eaten*.
 5. Record the following on the Diet Diary form:
 - a. Prescription for the medical food mixture.
 - b. Medical food mixture.
 - 1) Amount consumed in mL or fl oz.
 - c. Baby foods.
 - 1) Amount of fruit juice consumed in fluid ounces.; the amount of baby fruits in level tablespoons or teaspoons.
 - 2) Vegetables in level tablespoons or teaspoons.
 - 3) Dry cereals in tablespoons; cooked or jarred cereals in tablespoons.
 - 4) Brand name of foods used.
 - d. Solid foods.
 - 1) Dry and cooked cereals in level cups or tablespoons. List brand name of cereal.
 - 2) Amount of raw fruit consumed as number and size-small, medium, or large-with approximate measurements such as 2 1/2" X 2".
 - 3) Canned or frozen fruits in cup portions.
 - 4) Cooked vegetables in cup portions or number and length of spears (broccoli and asparagus).
 - 5) Raw vegetables consumed as number and size, such as 2, 4" carrot sticks.
 - 6) Fats in level teaspoons or tablespoons, including those used in cooking. Be sure to use the correct name (butter vs. margarine, corn oil, etc.).
 - 7) Size and portion of desserts and recipes used.
 - 8) List exact number or amount of "free" foods eaten.
 - 9) List amount of each ingredient in mixed dishes unless a standard recipe has been given previously.
 6. Contact your nutritionist before using any food not included on the food list provided.
- 

ITEM-BY-ITEM INSTRUCTIONS FOR COMPLETING THE DEMOGRAPHIC PART OF THE NEWBORN SCREENING DIET MONITORING FORM.

Apply Blood Here:
Make sure to fill all circles.

Place Label Here:
Dietary monitoring labels will be provided with the cards.

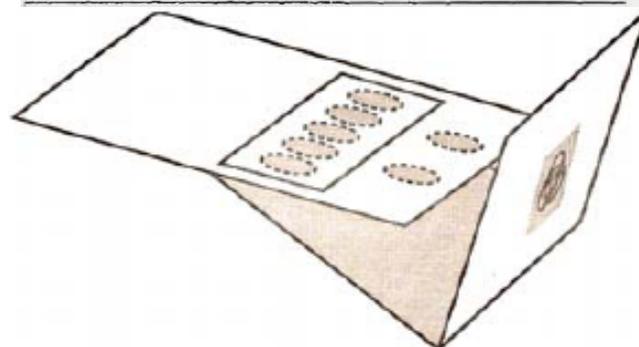
For Lab Use Only:
Do not write or mark. Accession number and bar code from the lab are placed here.

Form Expires:
Do not use after this date. It will be rejected.

Sample Collection Date:
CANNOT be processed without this date.

Demographic Information:
Patient's (baby's) first and last name and birth date; mother's first and last name, maiden name, mailing address including city, state and zip, area code and phone number.

For Lab Use Only:
Do not write or mark below this line. It is used to mark if the sample is unacceptable.



Specific Instructions

FOR UDOH LAB ONLY –DO NOT MARK

Leave this box blank. The Newborn Screening Lab uses it for the accession number and bar code.

Sample Collection Date (Month, Day, Year)

Enter the sample collection date as eight digits: a two digit month, a two digit day, and a four digit year. Use leading zeros if necessary. Example: 04-01-2007 for April 1, 2007. *This date establishes the parameter determining whether or not the specimen has been received within the acceptable time frame for testing. Enzymes and metabolites begin to break down as soon as the specimen is drawn. The older the specimen is when received for testing, the less likely it is that the level of enzymes and metabolites will be accurate. The lab cannot guarantee results on a specimen that has been received outside of the acceptable time frame.*

Place Label Here

This area is designated for labels which have identifying information about the patient. If your cards do not have labels, please call the Metabolic Clinic to obtain cards with labels. **DO NOT ALTER OR CHANGE THIS AREA OR THE LABEL IF PROVIDED. IF NO LABELS ARE PROVIDED ON YOUR CARDS, DO NOT WRITE ANY INFORMATION IN THIS AREA. CALL THE METABOLIC CLINIC FOR FURTHER HELP.**

Form Expires

This area designates the self life of the card. Please check this date on all cards. *Cards received with expired dates will be considered unsatisfactory and will be rejected.*

Last Name

Enter the patient's (baby's) last name(s). The patient's last name does not need to be the same as the mother's last name. Hyphens and apostrophes are acceptable. *This field will accept up to 12 characters.*

First Name

Enter the patient's first name. **So not enter 'baby girl,' 'girl,' 'bg,' 'baby boy,' 'boy,' 'bb,' etc.** *This field will accept up to 6 characters.*

Baby's Birthdate

Enter the patient's date of birth. This should be the baby's date of birth, not the mother's. Enter the birth date as eight digits: a two digit month, a two digit day, and a four digit year. Use leading zeros if necessary. Example: 04-01-2007 for April 1, 2007.

Mother's Legal Last Name

Enter the mothers legal last name(s). If the mother is unmarried, the last name and maiden name can be the same. *This field will accept up to 12 characters.*

Mother's Legal First Name

Enter the mother's first name. *This field will accept up to 8 characters.*

Mother's Maiden Name

Enter mother's maiden name, even if it is the same as the legal last name(s). The maiden name is used for identification purposes. *This field will accept up to 12 characters.*

Mother's Mailing Address

Enter the mother's usual mailing address. A PO Box or drawer is acceptable. Include apartment number, lot number, etc. *This field will accept up to 20 characters.*

City

Enter the mother's city. *This field will accept up to 11 characters.*

State

Enter the mother's state. Use the 2-digit abbreviation. *This field will accept 2 characters.*

Zip

Enter the mother's zip code. *This field will accept up to 2 characters.*

Mother's Area Code & Phone

Enter the mother's phone number, including the area code. *This field will accept up to 10 characters.*

Below for UDOH Lab Only - Do Not Mark

This area is designated for the UDOH Lab only. *Do not make any notes or mark anything below this box.*

Sample Unacceptable

This field is for the UDOH to mark if the specimen is unacceptable or unsatisfactory. *Do not fill in circle/bubble.*