

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

Test Information

Blood Collection Site:

- ☐ Heel
- ☐ Other: _____

Blood Collection Date and Time: _____

Specimen Handling:

- ☐ Dried Blood Spot
- ☐ Serum

Specimen Collection Time: _____

PKU Screening Test Results

Phenylalanine (Phe) Level: _____ $\mu\text{mol/L}$

Interpretation:

☐ Normal

☐ Elevated

Medical History

Family History of PKU:

☐ Yes

☐ No

Clinical Symptoms:

☐ None

☐ Intellectual disability

☐ Seizures

☐ Developmental delay

☐ Other (Specify): _____

Follow-Up Recommendations:

- If PKU Screening is Normal: No further action is needed.
- If PKU Screening is Elevated: Immediate referral to a specialist for confirmatory testing and further evaluation.

Comments: