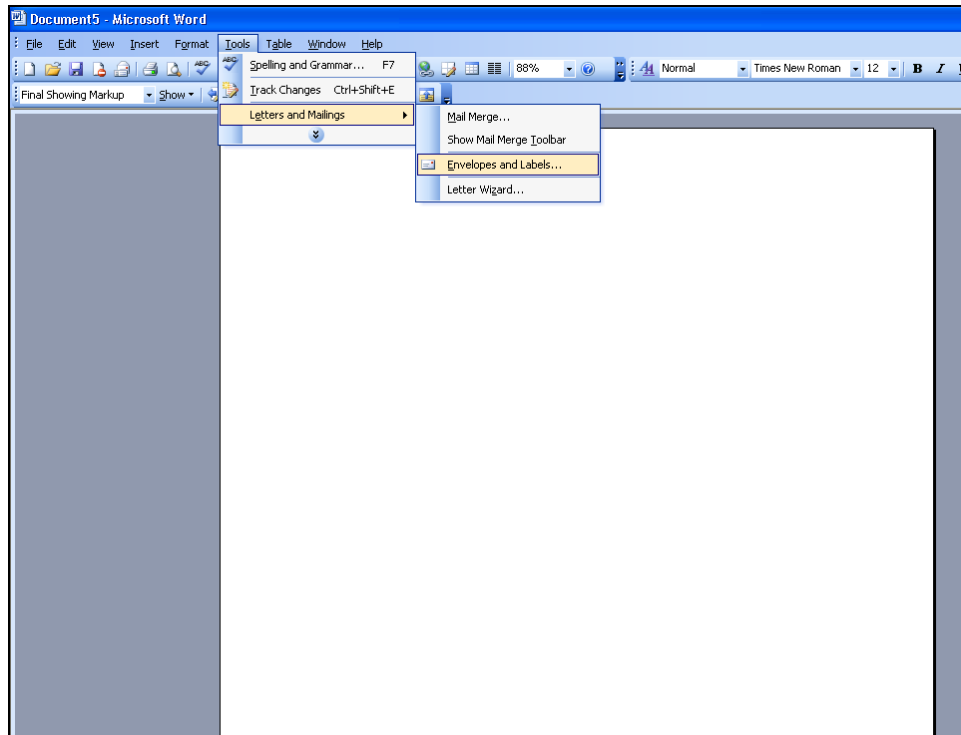
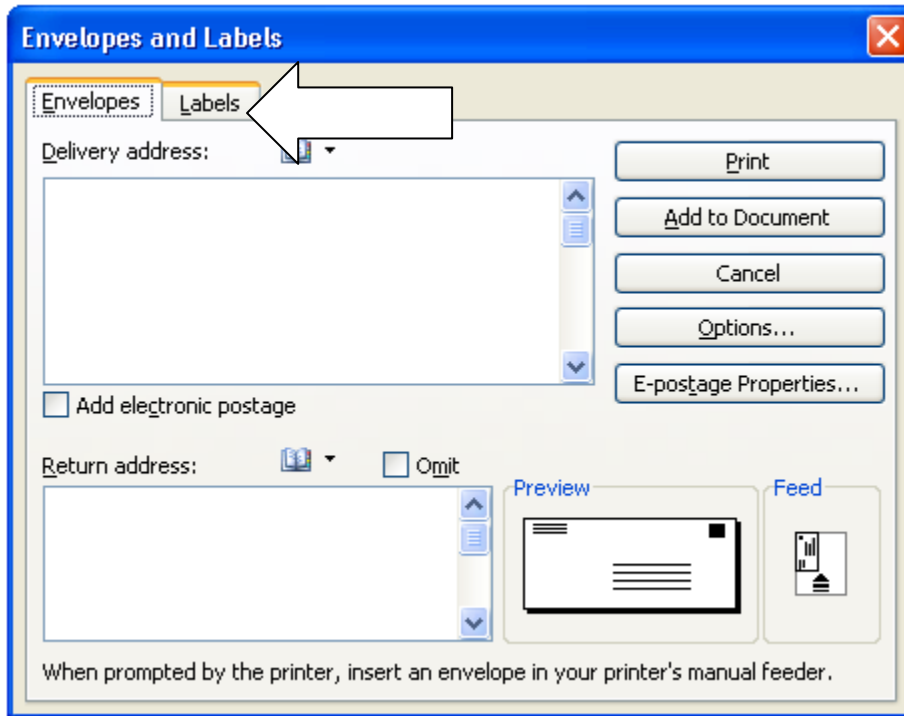


## Procedure to Print to an Avery Label Using the NBS Remote Data Services Web Application

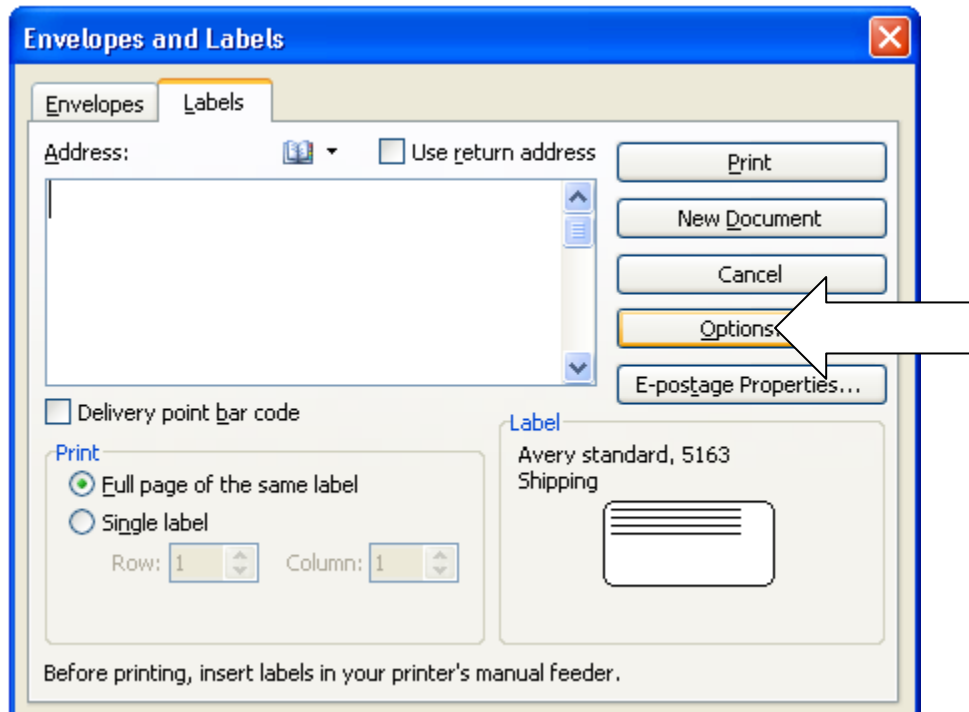
1. Open Microsoft Word
2. Under **Tools**, Select **'Letters and Mailing'** and then **'Envelopes and Labels...'**



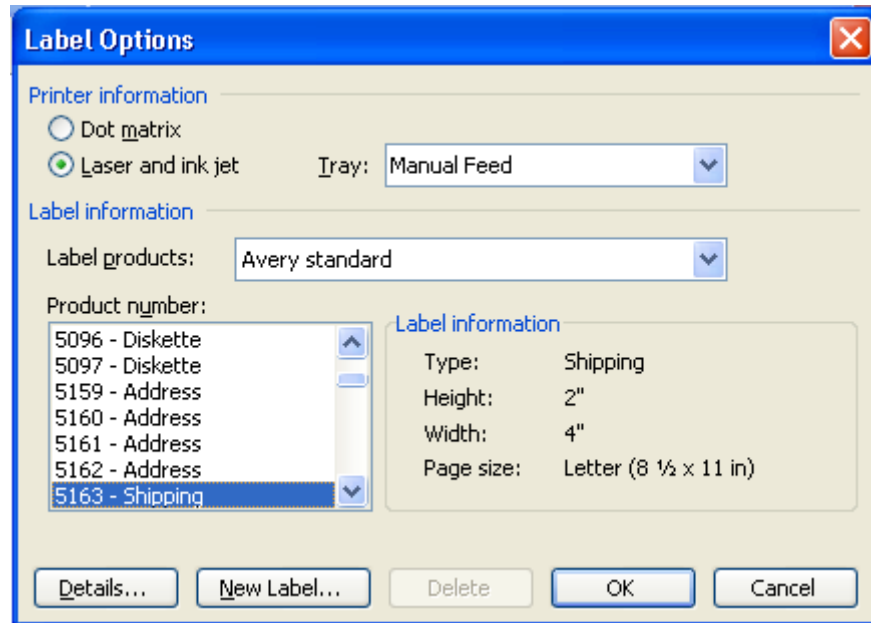
### 3. Select the **Labels** tab



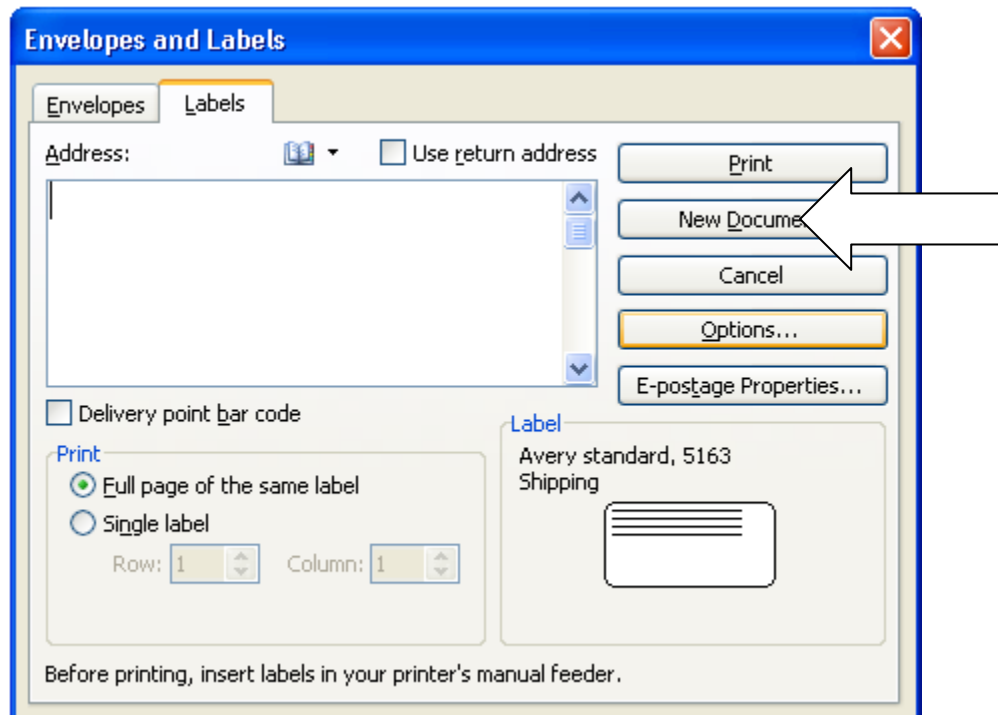
### 4. Choose **Options**



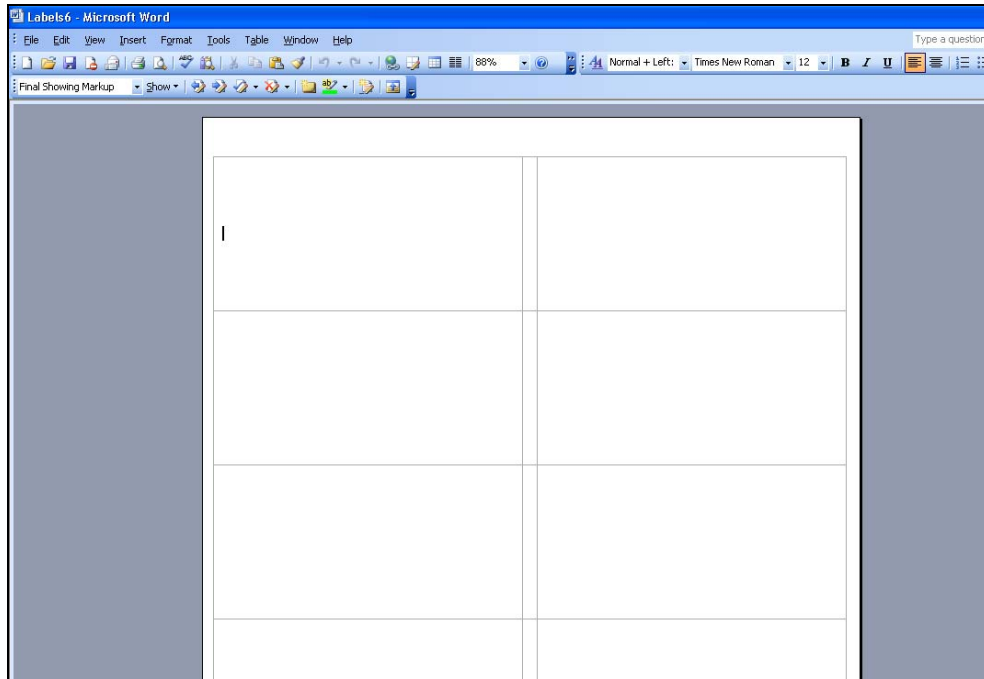
5. Select the appropriate Label Product and Product Number. DSHS requests labels to be 2 in. X 4 in. Under the Avery standard, this label is “5163 – Shipping”.



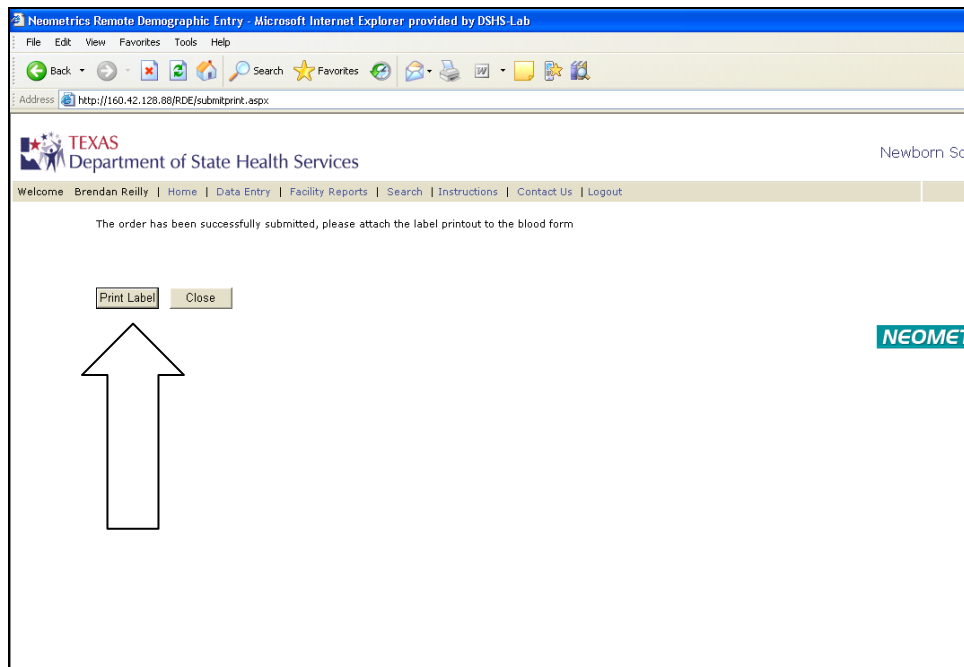
6. After Clicking **OK**, Select **New Document**



7. A labels document will be created in Word.



8. In the web system,
  - a. Choose to **'Print Label'** after submitting a specimen.



Or

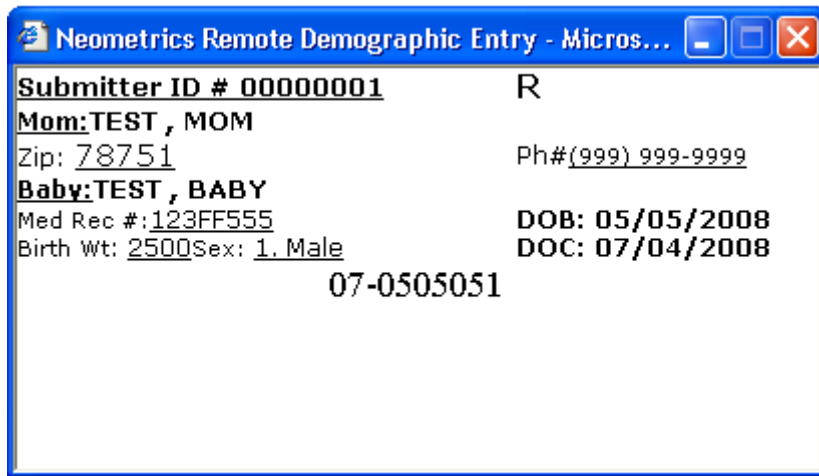
- b. Re-access a previously submitted specimen using **'Search'** and select **'View Label'** at the bottom of the demo entry screen.

The screenshot shows the main data entry screen of the web application. The browser address is `http://160.42.128.88/RDE/Default.aspx`. The page is divided into several sections:
 

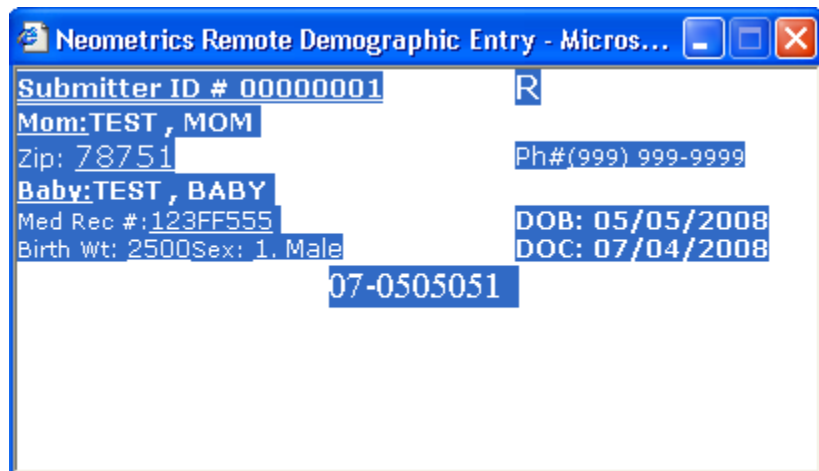
- MOTHER INFORMATION:** Includes fields for Form Serial # (17-0505051), Last name (TEST), First name (MOM), Maiden name, SSN # (123-45-6789), Mom DOB (05/01/1973), Medicaid Eligible (1. Yes), Medicaid #, Address (1234 PENNSYLVANIA), City (AUSTIN), State (TX), Phone # ((999) 999-9999), and Baby Father Last Name.
- PRIMARY CARE PHYSICIAN INFORMATION:** Includes Name (Last, First) (MD, JOHN), NPI # (123456789), Address (12121 ELM), City (AUSTIN), State (TX), Phone # ((512) 655-5555), and Fax # ((555) 655-5555).
- NEWBORN INFORMATION:** Includes Baby Last (TEST), Baby First (BABY), Med Record # (123FF555), Multiple Birth? (1. Yes), Birth Order, Weight (grams) (2500), Lb(s), and Oz(s), Birth Date (05/05/2008), Birth Time (Military), Collection Date (07/04/2008), Collection Time (Military) (12:12), Sex (1. Male), Feed (2. Bottle), Ethnicity (3. Hispanic), Status (4. Both 1 & 2), Test (3. Previous Abnormal), 1st Screen Serial #, and Abnormal DSHS Lab #.
- SUBMITTER INFORMATION:** Includes NBS ID # (00000001), Name (TEXAS DEPT OF STATE), Address (1100 W 49TH ST), City (AUSTIN), State (TX), and Zip (78756).

 At the bottom of the form, there is a row of buttons: Save, Submit, Clear, Search, Reports, Print Label, and View Label. A large white arrow points from the right side of the page towards the "View Label" button.

9. A Label preview will appear.

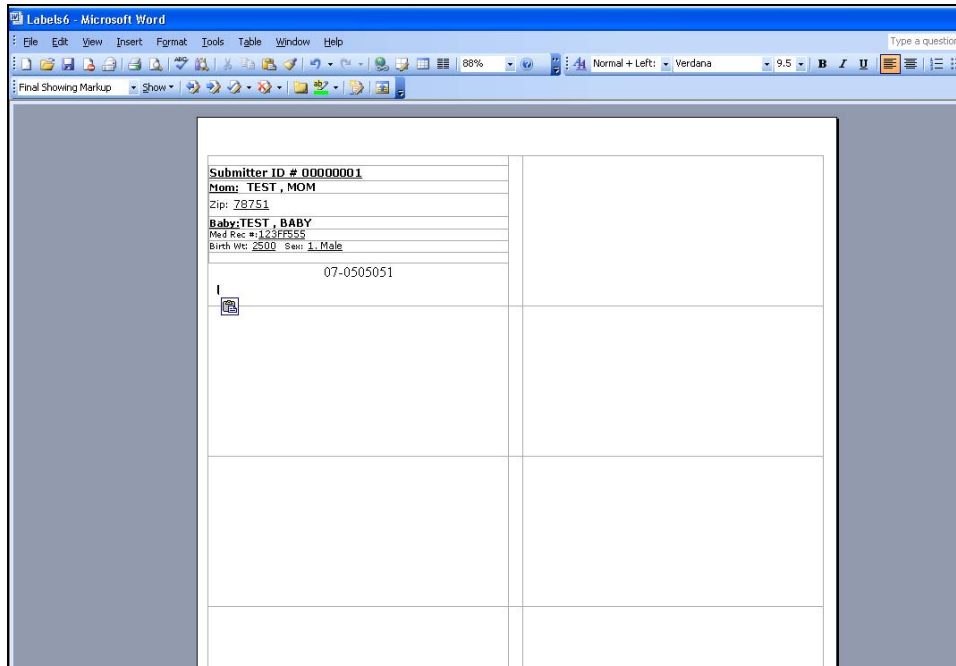


10. Select all information



11. Right Click and choose **Copy**

## 12. Paste into Label Document



13. Repeat as necessary and print labels using a regular laser printer.