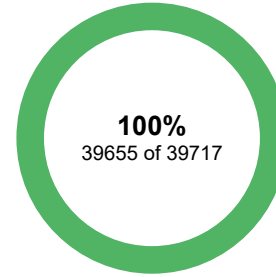
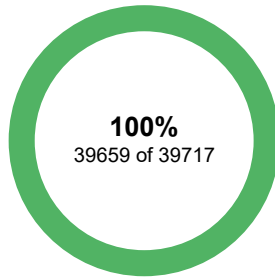


# Requisition Completeness

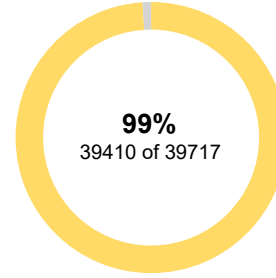
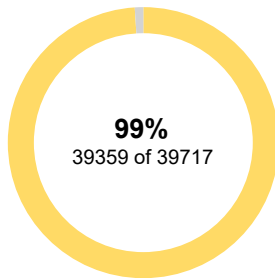
Q3

Birth Date



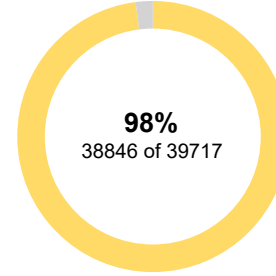
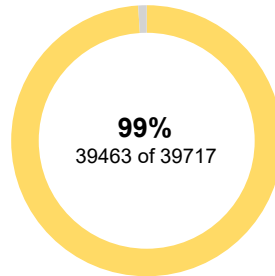
Birth Time

Collection Date



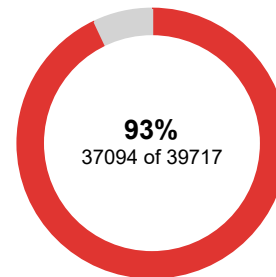
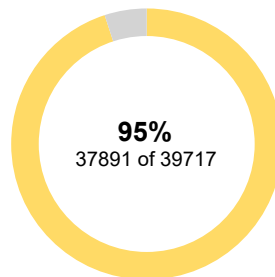
Collection Time

Birth Weight



Health Card Number

Gestational Age



Ordering HCP

## Overall

