



Division of Newborn Screening and Genetics

PHONE: 717-783-8143 FAX: 717-724-6995

Newborn Screening Status Report

Please complete the following information and fax report to Pennsylvania Department of Health, Newborn Screening Follow-up Program (NSFP), at 717-724-6995.

Baby's name: (boy) (girl) _____

DOB: _____

Initial filter paper #: _____

Repeat filter paper #: _____ **Date of collection:** _____

Transferred to: _____

Expired on: _____

Recent blood transfusion; date: _____

CCHD screen: **Pass** **Fail** **Date:** _____ **Time:** _____

If not performed, check reason: **Refused** **Transferred** **< 24 hrs**

Echo performed **Prenatal diagnosis** **Other:** _____

Other: _____

If you require assistance in follow-up for this infant, please contact the NSFP staff at 717-783-8143.

SENT BY: _____

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