

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 the report to Pennsylvania Department of Health, Newborn Screening Follow-up Program (NSFP), at 717-724-6995.

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

DOB: _____ **Medical Record #:** _____

Initial filter paper #: _____

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

Transferred to: _____

Expired; date: _____

Recent blood transfusion; date: _____

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

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

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

Remains inpatient at 10 days of life.

Other: _____

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

SENT BY: _____

NOTE: The information contained in this transmission is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this transmitted information is strictly prohibited and that the contents should be returned to the sender immediately. In this regard, please notify me by telephone at the above number immediately. Thank you.