pennsylvania
DEPARTMENT OF HEALTH

Division of Newborn Screening and Genetics
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.

Submitter:_____ Sender's name: _____

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

DOB:_____ Medical record #:_____

Mom's name:_____ Initial filter paper #:_____

If parent refusal or newborn expires, please include the following information:

Mom's date of birth:_____ Phone number_____

Mom's address: _____

PCP Name:_____ Phone Number: _____

☐ **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** ☐ **Prenatal fetal echocardiogram**

☐ **Postnatal echocardiogram performed** ☐ **Birth weight <1500 grams**

☐ **Other: _____**

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

Rev. February 2019