



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: _____

Change in Guardianship Upon Discharge

Guardian's name: _____ Phone Number: _____

Guardian's address: _____

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.

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.

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