

NEWBORN SCREENING PROGRAM
New York State Department of Health
David Axelrod Institute, 120 New Scotland Ave.
Albany, NY 12208
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Website: <http://www.wadsworth.org/newborn/>

FOLLOW-UP SUMMARY FORM

Dear Health Care Provider:

We have not yet received a repeat specimen for this newborn. Documentation of your follow-up activities is required, as specified in section 69-1 of Title 10 of the official compilation of Codes, Rules & Regulations of the State of New York. In lieu of filling out this form, updates may be provided in the Case Demographics module in the Newborn Screening application on the Health Commerce System website.

Please summarize your efforts to obtain a repeat specimen.

NEWBORN INFORMATION

Name at Time of Birth: _____ **Date of Birth:** _____

Other Names (AKA): _____

Mother's Name: _____

Single Birth ☐ Twin A ☐ Twin B ☐ Other: _____

Gender: Male ☐ Female ☐

Hospital of Birth: _____ Medical Record #: _____

Status:

___ In-patient at this facility

___ Transferred to another facility, specify _____

___ Discharged to home on _____

___ Baby Expired, Date of death _____

Calls to parents:

Dates called: _____

Letters to parents:

Dates sent: _____

Calls to primary care provider:

Dates called: _____

Letters to primary care provider:

Dates sent: _____

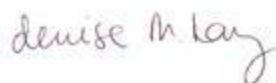
Primary care provider name and phone number: _____

Any other names the baby is known as: _____

Comments: _____

We appreciate your efforts to obtain a repeat specimen. Thank you for your cooperation.

Sincerely,



Denise Kay, PhD
Director, Newborn Screening Program