

**NEWBORN SCREENING PROGRAM**  
New York State Department of Health  
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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: \_\_\_\_\_

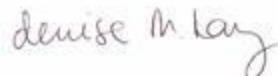
**Primary care provider name and phone number:** \_\_\_\_\_

**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