

NEWBORN SCREENING PROGRAM
New York State Department of Health
Wadsworth Center, David Axelrod Institute
120 New Scotland Avenue
Albany, NY 12208
Phone: (518)473-7552 Fax: (518)474-0405
E-mail: nbsinfo@health.ny.gov

HEMOGLOBIN REFERRAL – REQUEST FOR APPOINTMENT CONFIRMATION

NEWBORN INFORMATION:

Name at Time of Birth: _____

Other Names (AKA): _____

Single Birth Twin A Twin B Other _____

Mother's Name: _____

Date of Birth: _____

Gender: Male Female

Hospital of Birth: _____

Medical Record #: _____

Appointment for Required Hgb Electrophoresis or HPLC Scheduled: Yes No

Date of Appointment: _____

Comments:

Signature: _____ Date: _____

Print name: _____

Thank you for your cooperation with our follow-up efforts. If further information is needed, please call (518) 486-1753.