## NEWBORN SCREENING PROGRAM

New York State Department of Health David Axelrod Institute, 120 New Scotland Ave. Albany, NY 12208

Phone: (518) 473-7552 Fax: (518) 473-8627 E-mail: nbsinfo@health.ny.gov Website: http://www.wadsworth.org/newborn/

## **HEMOGLOBINOPATHY DIAGNOSIS FORM**

Dear Doctor:

Please complete this form in its entirety and return it to the Newborn Screening Program as soon as possible. Please submit a repeat newborn screening specimen or send a copy of your independent laboratory results. Confirmatory testing is required, as specified in Title 10 NY Code of Rules and Regulations subpart 69-1.7c.

## **NEWBORN INFORMATION**

Name at birth:AKA:	
Single Birth □ Twin A □ T  Mother's name:  Date of Birth:	'win B □ Other
Gender: Male ☐ Female ☐ Hospital of birth:Medical Record #:	
Diagnosis Date:	
1. What confirmatory testing was done?  [ ] Electrophoresis [ ] HPLC [ ] Mutation Analysis (Genotype)/ Allele#1  [ ] Repeat newborn screen [ ] Other, Specify:	
2. Hematology follow-up? [ ] No	
[ ] Yes, Name of Hematologist: Phone Number: Date of next appointment:	
3. Was this newborn previously known to be at inc [ ] No [ ] Yes, family history [ ] Yes,	ereased risk for this disorder?  prenatal testing [ ] Yes, preconception testing

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PRINT NAME:FACILITY/PRACTICE:		
	N'S SIGNATURE:	_DATE:
COMMENT	ГS:	
	<ul><li>No disease, Hemoglobin other variant trait</li><li>No disease, Alpha thalassemia trait</li></ul>	
HGB43 [ HGB46 [	No disease, Hemoglobin D trait No disease, Hemoglobin E trait	
HGB41 [	<ul><li>] No disease</li><li>] No disease, Hemoglobin S trait (sickle trait)</li><li>] No disease, Hemoglobin C trait</li></ul>	
_	Disease, not on NBS panel. Specify:	
_	Disease, Hemoglobin F only + beta thalassemia disease	
HGB26 [	] Disease, Hemoglobin H + alpha thalassemia disease	
_	<ul> <li>Disease, Hemoglobin E + E disease</li> <li>Disease, Hemoglobin E + beta thalassemia/other variant disease</li> </ul>	
_	Disease, Hemoglobin D + beta thalassemia disease	
	<ul> <li>Disease, Hemoglobin D + D disease</li> <li>Disease, Hemoglobin D + E disease</li> </ul>	
_	<ul> <li>Disease, Hemoglobin C + beta thalassemia disease</li> <li>Disease, Hemoglobin C + other variant disease</li> </ul>	
HGB18 [	Disease, Hemoglobin C + D disease Disease, Hemoglobin C + E disease	
_	Disease, Hemoglobin C + C disease	
_	<ul> <li>Disease, Hemoglobin S + beta thalassemia disease</li> <li>Disease, Hemoglobin S + other variant disease</li> </ul>	
HGB13 [	Disease, Hemoglobin S + E disease	
HGB11 [	<ul> <li>Disease, Hemoglobin S + S (sickle cell disease)</li> <li>Disease, Hemoglobin S + C disease</li> <li>Disease, Hemoglobin S + D disease</li> </ul>	
	E DIAGNOSIS:  ] Expired, If cause of death is known, choose the appropriate diagnosi	s below
A CHOOSE DIACNOSIS.		

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