



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Newborn Blood-spot Screening
Alternate Care Giver at Discharge
Form

If a newborn is discharged to a caregiver other than the birth mother, please complete this form to facilitate contact and retrieval of the baby in the event he/she needs follow-up after the newborn screen. Your assistance in helping us assure timely newborn screening follow-up to prevent morbidity and mortality in newborns is greatly appreciated. Please keep a small supply of these forms where it will be easiest to incorporate into your processes.

PLEASE FAX COMPLETED FORM TO the Newborn Screening Program at: **402 471-1863.**

(PLEASE PRINT)

Baby's Name: _____

Date of Birth: _____

Alternate Care Giver information:

Name: _____

Phone: _____

Address: _____

City/State: _____

Discharging Facility: _____

or (Your facility's stamp here)

Questions or Problems: Please call (402) 471-0374