NEBRASKA
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.

FOR QUESTIONS OR PROBLEMS, PLEASE CALL: 402-471-6558

(PLEASE PRINT)

Baby's Name: _____

Date of Birth: _____

Filter Paper / Care Form number: _____

Screen Name (Baby's name at time of collection): _____

Name of Personnel Completing Alternate Caregiver Form: _____

Phone Number of Personnel Completing Alternate Caregiver Form: _____

Primary Care Provider: _____

Alternate Care Giver information:

Name: _____

Phone: _____

Address: _____

City/State: _____

Discharging Facility: _____
or (Your facility's stamp here)

PLEASE FAX COMPLETED FORM TO the Newborn Screening Program at: **402-742-2332.**