



NBS Report Request Form

The NBS Laboratory automatically sends copies of NBS reports to submitters and providers.
Please check patient's records **before** requesting a duplicate report.

Please be sure **ALL FIELDS** are filled in before faxing your request to the WSLH.
Fax this form, **along with your cover page**, to 608-262-5494.

CHILD/PATIENT INFORMATION:

PLEASE PRINT CLEARLY

Child/patient name	First name:	Last name:
Child/patient date of birth	Gender (circle one) F M	
Birth facility/city		
Baby from multiple birth delivery	Circle One Yes No	Specify birth order (e.g., Twin 1, Twin B, Triplet C)
Mother's name at time of patient's birth	First name:	Last name:
Mother's alternate last name(s)		

PROVIDER INFORMATION:

Requestor's name	First name:	Last name:
Facility name/city		
Health care provider's name	First name:	Last name:
Health care provider's NPI #:	Credential: (MD, DO, NP, etc.)	Date needed by: *
Direct phone number (+ extension) of requestor/provider		
Fax number where report is to be sent		

***PLEASE NOTE:** Requests for reports are generally provided via fax within 3-5 business days.
Incomplete or illegible information will require additional processing time.

The requested document(s) contain confidential patient health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation, or in accordance with recipient institution policy regarding protected health information. Due to archival, report format may not be available in its original state. WSLH Newborn Screening reserves the right to review all report requests for completeness and appropriate relationship for disclosure. In some circumstances, report information may not be available for release. Format of report content is at the discretion of WSLH.

Please return this completed document to the WSLH Newborn Screening Laboratory via
FAX to: 608-262-5494