



Newborn Screening Liaison

(point of contact for program notifications)

| | |
|------------------|--|
| Name | |
| Job Title | |
| Facility Name | |
| Phone Number/Ext | |
| Fax Number | |
| Email Address | |

Requests for Clarification – Demographic Information

(who should the NBS program contact for birth date, birth time, birth weight, sex, gestation age, etc.)

| | |
|------------------|--|
| Name | |
| Department | |
| Facility Name | |
| Phone number/Ext | |

Requests for Clarification – Specimen Collection Information

(who should the NBS program contact for collection date, collection time)

| | |
|------------------|--|
| Name | |
| Department | |
| Facility Name | |
| Phone number/Ext | |

Requests for Provider Information

(who should the NBS program contact for NBS ordering provider and baby's primary care provider information [after discharge])

| | |
|------------------|--|
| Name | |
| Department | |
| Facility Name | |
| Phone number/Ext | |

**Please determine if a specific individual, or a department, is the best point of contact for each of the sections.
Please write "same" if the contact information is identical for each section.**

Please send completed form to the NBS Laboratory
By fax: 608-262-5494 or
Email: NBSqualityreport@slh.wisc.edu

