



Connecticut Newborn Screening Program

Connecticut Department of Public Health
Dr. Katherine A. Kelley State Public Health Laboratory
395 West Street, Rocky Hill, CT 06067

Newborn Screening (NBS) Report of Abnormal Result and Request for Repeat NBS Specimen

To:	Accession #: Unique identifier
Hospital or Primary Care Provider	Name at Birth:
	Also Known As:
	Mother:
	Address:
Phone:	City, State: ,
Fax:	Phone:
	DOB:
Attention:	Birth Center:
Date:	MR#:

Dear Hospital Care Provider or Primary Care Provider:

As was previously reported by phone to you or your staff, this infant had an Select One Select One screening on his/her newborn screening (NBS) panel, date of collection, Enter Date.

Per Connecticut Newborn Screening Program protocols please obtain a NBS specimen by heel-stick from this infant and submit it to the State Laboratory, as soon as possible for repeat screening. Please indicate the accession number, **0000000**, and "repeat Select One" on the specimen card. Always check the expiration date prior to collecting the specimen. The expiration date is located next to the hourglass, and lists the year followed by the month (yy/mm). Additional NBS specimen cards may be obtained by calling 860.920.6674. If there is a family history of this disorder or other concerns, please notify the CT NBS Program immediately. Please call the Newborn Screening Program at 860.920.6628 and refer to accession number **0000000**, if you have any questions.

Additional instructions: None. This specimen should be collected at approximately two weeks of age.
 Please discontinue parenteral nutrition for at least 4 hours prior to specimen collection, unless medically contraindicated. Please collect this specimen at least 48 hours following transfusion of blood products.
 Please do not delay collection of this specimen because of the transfusion of blood products; collect and ship the specimen as soon as possible. In addition to the requested specimen, 48-hour and 120-day post transfusions specimens are also needed. In addition to the requested specimen, a 120-day post transfusion specimen is also needed. Please do not give any live viral vaccines until repeat SCID screening is complete.
 Additional instructions are attached. If this screening is completed through another state's NBS program or other lab please fax a copy of the results of the screening to CT NBS at 860-730-8385 If you are unable to obtain a heel-stick specimen for any reason, please contact CT NBS at 860-920-6628 Other: .

Sincerely,

NBS Staff
Select One
Connecticut Newborn Screening Program