



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

To:	Accession #: Unique Identifier
	Name at Birth:
	Also known as:
	Mother:
Phone:	Address: ,
Fax:	City, State:
	Phone:
Attention:	DOB:
	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 abnormal _____ screening on his/her newborn screening (NBS) panel, date of collection, Enter Date. This result is suggestive of the following disorder(s):

List of conditions

Condition

Per Connecticut Newborn Screening Program protocols this result has been reported to the following diagnostic/treatment center: CT Newborn Diagnosis and Treatment Network. Contact with the diagnostic/treatment center is essential for follow-up instructions. Newborn screening is not diagnostic and confirmatory testing is necessary.

Additional instructions: None. Other:

Please call the Connecticut Newborn Screening Program at 860.920.6628 and refer to accession number **00000000**, if you have any questions.

Sincerely,

NBS staff reporting result
Nurse Consultant
Connecticut Newborn Screening Program