

MICHIGAN NEWBORN SCREENING (NBS) FOLLOW-UP PROGRAM

Hospital Discharge Sheet

NBS web page <http://www.michigan.gov/newbornscreening>

Phone 517-335-4181 or 877-673-9939

Fax updated information to: 517-335-9419 or 517-335-9739

Place infant's hospital label here:

OR

Print infant's information here:

Name: _____

Date of birth: _____

Circle gender: boy girl ambiguous

NBS card (kit) number: _____

Hospital name: _____

Check nursery type:

NBS hospital code: _____

Regular _____ NICU _____ SCN _____

Name of hospital infant transferred to: _____

Infant's primary care provider (PCP):

(will care for infant after discharge)

PCP phone: _____

PCP fax: _____

Provide guardian contact information if infant is not released to the care of the mother:

Guardian name: _____

Guardian address: _____

Guardian phone _____

Name of staff person completing form (please print): _____

Date: _____ Phone: _____ Fax: _____

Notes: (e.g. parent would not permit NBS, infant has meconium ileus, sibling has cystic fibrosis, etc.)