MDHHS
Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ELIZABETH HERTEL, DIRECTOR

Phone: 517-335-4181
Fax: 517-335-9419 or
517-335-9739

NBS Report Request Form

Please be sure ALL FIELDS are filled in before faxing your request.

Fax this form, **along with your cover page**, to 517-335-9419 or 517-335-9739.

CHILD/PATIENT INFORMATION

Child/patient name	First Name:	Last Name:
Child/patient date of birth		Sex (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.)
Direct phone number (**+ extension**) of requestor/provider		
Fax number where report is to be sent		

The requested document(s) contains confidential patient health information that is legally privileged. This information is intended only for the use of the individual or entity named above. Any unauthorized review, use, disclosure, or distribution of this communication(s) is expressly prohibited.

I certify the child listed above is my patient and hereby grant permission to the Michigan Department of Health and Human Services Newborn Screening Program to release the newborn screening record, including laboratory test reports of the child stated above, for diagnosis and treatment purposes only.

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Signature of Health Care Provider Date

Please return this completed document with your office fax cover page to the MDHHS Newborn Screening Program at 517-335-9419 or 517-335-9739.

To access this form visit www.michigan.gov/newbornscreening and select "resources for hospitals and health professionals"