

Ohio Department of Health
Bureau of Public Health Labs
Newborn Screening Program
8995 East Main Street, Bldg. 22
Reynoldsburg, OH 43068-3342

Ohio Newborn Screening Program: Medical Provider Registry

Please complete and return this form to the Newborn Screening Program (NBS) via fax **(614) 644-4648**.
Complete a separate form for each practice location. Contact the Ohio Newborn Screening Program at 888-
ODH-LABS / 888-634-5227 with questions.

Date Form Completed: _____

Practice Name: _____

Practice NPI #: _____ **Practice Contact:** _____

Mailing Address: _____

City

State

Zip Code

Phone Number: _____ **Ext:** _____ **Alternate Phone:** _____ **Ext:** _____

List the best number for contacting your practice with abnormal NBS results or with questions regarding patients.

After Hours Number: _____ **Ext:** _____

List the best number for contacting your practice on weekends or holidays with results requiring immediate action.

Fax #: _____ **Is this a HIPAA secured fax?** ☐ Y ☐ N

List the best number for faxing your practice's NBS results and information about NBS program updates

Please list all medical providers who see newborn and infant patients at this location. Do not include residents or interns. Attach additional sheets if needed. Please print legibly.

Provider's Name	Degree	NPI Number