

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

Newborn Screening Hospital Profile

Please complete, print, and return to the Newborn Screening Program via fax **(614) 644-4648**.

Date Form Completed: _____

Facility Name: _____

Mailing Address: Attn: _____

City

State

Zip Code

Phone #: _____ Ext: _____ Alternative #: _____ Ext: _____

List the best number for contacting your facility 24/7 with abnormal NBS results or with questions regarding samples

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

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

Does facility have a written protocol for tracking newborn screening specimens? ☐ Y ☐ N

Newborn Screening Coordinator: _____ Title: _____

Unit: _____ Shift: _____

NBS Coordinator's Phone #: _____ Ext: _____

NBS Coordinator's Email Address: _____

Nurse Manager of Birth Center or Nursery: _____

Nurse Manager's Telephone Number: _____ Ext: _____

Nurse Manager's Email address: _____

Person ordering NBS kits: _____ Phone: _____ Ext: _____