



PUBLIC HEALTH DIVISION

Newborn Blood Spot Screening Results Request Form

Fax the completed form to 307-777-7215
(HIPAA compliant and please allow 5 business days from receipt, for delivery)

All newborn blood spot screening results are sent to the submitting facility, which is typically the birthing hospital in the case of a first screen or a pediatrician's office in the case of a second screen. Please check with the submitting facility first to obtain results.

Name of health facility requesting results:

Health facility contact name and phone number:

Contact:	Phone:
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Contact fax number:

NBS Result Request

Name of infant: - first and last name(s) or other alias names: Infant's date of birth (MM/DD/YYYY):

First:	Last:	DOB:
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Result requested: -Circle 1st, 2nd, or both screen(s): Form barcode (U,X or T followed by 6 Digits)
located in the upper left corner above barcode

<input type="radio"/> 1st screen	<input checked="" type="radio"/> 2nd screen	
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Birthing Facility

Mother's first and last name:

First:	Last:
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