



DEPARTMENT OF PUBLIC HEALTH

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STATE HEALTH OFFICER



BUREAU OF CLINICAL LABORATORIES

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Laboratory Director

Alabama Newborn Screening Program

Provider Update Form

In order to offer more efficient service in providing Newborn Screening forms and patient reports, we are updating our provider list. It would be of great assistance to us if you would fill out the following information and return it to:

ALABAMA DEPARTMENT OF PUBLIC HEALTH

Bureau of Clinical Laboratories

Newborn Screening Division

204 Legends Court, Zip 36066-7893

P.O. Box 1000, Zip 36067-9901

Prattville, AL

Phone: (334) 290-3097

FAX: (334) 285-6809

Name of Hospital or Practice: _____

Street/Shipping Address: (Physical address): _____

City, State, and Zip Code: _____

Provide P.O. Box/ P.O. Zip if applicable: _____

Telephone Number: _____

Contact Name / Office Manager: _____

Names of **ALL** physicians or nurse practitioners who currently submit NBS specimens:

• Name: _____ NPI# _____

Email address: _____

• Name: _____ NPI# _____

Email address: _____

• Name: _____ NPI# _____

Email address: _____

• Name: _____ NPI# _____

Email address: _____

MAILING ADDRESS: POST OFFICE BOX 1000 | PRATTVILLE, AL 36067-9901

PHYSICAL ADDRESS: 204 LEGENDS COURT | PRATTVILLE, AL 36066-7893

EMAIL ADDRESS: clab@adph.state.al.us



Accredited Health Department