

# Alabama Newborn Screening

## REQUEST FOR RESULTS

PRINT LEGIBLY

Requesting Facility \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Infant's last name \_\_\_\_\_

Infant's first name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M/F \_\_\_\_\_

Hospital of Birth \_\_\_\_\_

Mother's last name \_\_\_\_\_

Mother's first name \_\_\_\_\_

Mother's address (at time of Infant's birth) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax requests to: Alabama Newborn Screening (334) 285-6809

For questions call: (334) 290-3097

Newborn Screening test results will be mailed to the requesting facility at the address listed above.