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 Lab Result Request Form

To offer efficient service in providing Newborn Screening patient reports to requesting providers, the Alabama Department of Public Health Bureau of Clinical Laboratories Newborn Screening Division requires the completion of the following information:

Name of Requesting Facility:

Facility Mailing Address:

City, State, Zip:

Facility Telephone Number:

Facility Email Address:

Facility Fax Number:

Infant's Last Name:

Infant's First Name:

Infant's Date of Birth:

Infant's Gender:

Hospital of Birth:

Mother's Last Name:

Mother's First Name:

Mother's Address (at the time of the infant's birth):

Name of person completing form:

Fax Request(s) to BCL Newborn Screening Division (334)206-3780.

For assistance, please call the Newborn Screening Division at (334)290-3097.

Newborn Screening patient results will be mailed to the requesting facility's address above.