

Newborn Screening Result Report Change Request Form

Use this form to submit a request for changes or updates to a newborn screening result report.

1. REQUESTOR INFORMATION

Facility Name: _____ Requestor Name: _____

Fax: _____ Phone: _____

Today's Date: _____

2. REPORT DETAILS **Please include a copy of the report you would like corrected.**

NBS Lab Number: _____ (this can be found on the upper right of the report)

Baby Name: _____

3. REQUESTED CHANGE

☐ **Typographical (errors made during the data entry process)**

Reported	Change Requested

☐ **Key Data**

Reported	Change Requested
Baby's Date of Birth:	Baby's Date of Birth:
Baby's Time of Birth:	Baby's Time of Birth:
Baby's Birth Weight:	Baby's Birth Weight:
Specimen Collection Date:	Specimen Collection Date:
Specimen Collection Time:	Specimen Collection Time:

☐ **Change Request Initiated By Parent/Guardian**

Reported	Change Requested

I attest that the parent/legal guardian exercised their rights under HIPAA to amend the health records for their newborn.

Requestor name: _____ Date: _____

Requestor signature: _____

Fax the form, along with the baby's Newborn Screening lab report, to 503-693-5601 or email to NWRegional.NBS@odhsoha.oregon.gov