



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: _____ Today's Date: _____

Requestor Name (NOT parent or legal guardian): _____

Phone: _____ Fax: _____

2. REPORT DETAILS **Please include a copy of the OHA lab report you would like corrected. This can be obtained from the SRV online Secure Remote Viewer. We do not need a copy of the card.**

Lab #: _____ (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 completed form along with the OHA lab report to 503-693-5601 or email to NWRRegional.NBS@odhsoha.oregon.gov