

NEWBORN SCREENING PROGRAM
New York State Department of Health
Wadsworth Center, David Axelrod Institute
120 New Scotland Avenue
Albany, NY 12208
Phone: (518)473-7552 Fax (Thyroid, CF, CAH only): (518) 473-8627
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HYPOTHYROID DIAGNOSIS FORM

Dear Doctor:

Please complete this form in its entirety and return it to the Newborn Screening Program as soon as possible. Your response is required, as specified in Title 10 New York Code of Rules and Regulations subpart 69-1.5e.

Note: Screening results do not constitute a diagnosis. Confirmatory testing is required.

NEWBORN INFORMATION:

Name at Time of Birth: _____

Other Names (AKA): _____

Single Birth ☐ Twin A ☐ Twin B ☐ Other _____

Mother's Name: _____

Date of Birth: _____

Gender: Male ☐ Female ☐

Hospital of Birth: _____

Medical Record #: _____

1. ATTACH CLINICAL LABORATORY RESULTS

DATE OF TEST	TEST	RESULTS (pre-treatment)	NORMAL RANGE (required)
	Total T4		
	Free T4		
	TSH		
	Other:		

2. Treatment Started? ☐ No
☐ Yes ó Date of first dose: _____

3. Thyroid Scan? ☐ No
☐ Yes ó Results: _____

4. Endocrine follow-up? ☐ No
☐ Yes ó Name of Endocrinologist: _____

Phone Number: _____

Date of Next Appointment: _____

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5. CHOOSE ONE DIAGNOSIS:

Hypothyroidism

- TH01 ☐ Expired. If cause of death is known, choose the appropriate diagnosis below
- TH10 ☐ Disease, Primary congenital hypothyroidism - uncompensated (low FT4, elevated TSH)
- TH12 ☐ Disease, Primary congenital hypothyroidism ó athyreosis, agenesis (including partial) or dysplasia
- TH13 ☐ Disease, Congenital hypothyroidism ó compensated (normal FT4, elevated TSH)
- TH15 ☐ Disease, Ectopic thyroid ó lingual or sublingual
- TH16 ☐ Disease, Dys hormonogenesis ó defect in hormone synthesis
- TH18 ☐ Disease, Goiterous hypothyroidism ó enlarged gland
- TH20 ☐ Disease, Central hypothyroidism ó second or tertiary
- TH22 ☐ Disease, Central hypothyroidism - panhypopituitarism
- TH28 ☐ Disease, Thyroid disease of other etiology
- TH29 ☐ Disease, not on NBS panel ó Specify: _____
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- TH30 ☐ Possible disease, persistent hypothyroxinemia (low FT4, normal TSH) ó on treatment or followed
- TH31 ☐ Possible disease, hypothyroxinemia of prematurity ó on treatment or followed
- TH32 ☐ Possible disease, persistent hyperthyrotropinemia (normal FT4, borderline TSH)
ó on treatment or followed
- TH33 ☐ Possible disease, hyperthyrotropinemia of prematurity ó on treatment or followed
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- TH40 ☐ No disease, Euthyroid
- TH41 ☐ No disease, Euthyroid ó sick baby syndrome
- TH42 ☐ No disease, Hypothyroxinemia of prematurity
- TH43 ☐ No disease, Hyperthyrotropinemia of prematurity
- TH45 ☐ No disease, Thyroid binding globulin deficiency (TBG)
- TH47 ☐ No disease, Euthyroid, transient, previous hypothyroxinemia
- TH48 ☐ No disease, Euthyroid, transient, previous hyperthyrotropinemia
- TH71 ☐ Other, maternal antibodies
- TH72 ☐ Other, maternal medication
- TH73 ☐ Other, maternal ó iodine deficiency/excess
- TH74 ☐ Other, Acquired hypothyroidism

COMMENTS: _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **FACILITY/PRACTICE:** _____