

NEWBORN SCREENING PROGRAM
New York State Department of Health
Wadsworth Center, David Axelrod Institute
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HEMOGLOBINOPATHY DIAGNOSIS FORM

Dear Doctor:

Please complete this form in its entirety and return it to the Newborn Screening Program as soon as possible.

Please submit a repeat newborn screening specimen or send a copy of your independent laboratory results. Confirmatory testing is required, as specified in Title 10 NY Code of Rules and Regulations subpart 69-1.5e.

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 #: _____

CHOOSE ONE DIAGNOSIS:

Hemoglobinopathies

- HGB01 [] Expired. If cause of death is known, choose the appropriate diagnosis below
- HGB10 [] Disease, Hemoglobin S + S (sickle cell disease)
- HGB11 [] Disease, Hemoglobin S + C disease
- HGB12 [] Disease, Hemoglobin S + D disease
- HGB13 [] Disease, Hemoglobin S + E disease
- HGB14 [] Disease, Hemoglobin S + beta thalassemia disease
- HGB15 [] Disease, Hemoglobin S + other variant disease
- HGB16 [] Disease, Hemoglobin C + C disease
- HGB17 [] Disease, Hemoglobin C + D disease
- HGB18 [] Disease, Hemoglobin C + E disease
- HGB19 [] Disease, Hemoglobin C + beta thalassemia disease
- HGB20 [] Disease, Hemoglobin C + other variant disease
- HGB21 [] Disease, Hemoglobin D + D disease
- HGB22 [] Disease, Hemoglobin D + E disease
- HGB23 [] Disease, Hemoglobin D + beta thalassemia disease
- HGB24 [] Disease, Hemoglobin E + E disease
- HGB25 [] Disease, Hemoglobin E + beta thalassemia/other variant disease
- HGB26 [] Disease, Hemoglobin H + alpha thalassemia disease
- HGB27 [] Disease, Other hemoglobinopathy
- HGB28 [] Disease, Hemoglobin F only + beta thalassemia disease

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- HGB29 Disease, not on NBS panel. Specify: _____
- HGB30 Inconclusive, Hemoglobinopathy
- HGB40 No disease
- HGB41 No disease, Hemoglobin S trait (sickle trait)
- HGB42 No disease, Hemoglobin C trait
- HGB43 No disease, Hemoglobin D trait
- HGB46 No disease, Hemoglobin E trait
- HGB47 No disease, Hemoglobin other variant trait
- HGB48 No disease, Alpha thalassemia trait

Hematology follow-up? No
 Yes, Name of Hematologist: _____

Phone Number: _____

Date of next appointment: _____

- What confirmatory testing was done?
- Electrophoresis
 - HPLC
 - Mutation Analysis (Genotype) _____ / _____
Allele #1 Allele #2
 - Repeat newborn screen
 - Other, Specify: _____

COMMENTS: _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____ FACILITY/PRACTICE: _____