

NEWBORN SCREENING PROGRAM
New York State Department of Health
David Axelrod Institute, 120 New Scotland Ave.
Albany, NY 12208
Phone: (518) 473-7552 Fax: (518) 473-8627
E-mail: nbsinfo@health.ny.gov
Website: http://www.wadsworth.org/newborn/

CONGENITAL ADRENAL HYPERPLASIA 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 69-1.7c.

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

NEWBORN INFORMATION

Name at birth: _____

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	Result	Normal Range (required)
	17-OHP		

Was mutation analysis performed? No Yes Mutations detected: _____

2. Was this newborn previously known to be at increased risk for this disorder?

No Yes, family history Yes, prenatal testing Yes, preconception testing

3. Diagnosis Date: _____

CHOOSE ONE DIAGNOSIS

- CAH01 Expired, If cause of death is known, choose the appropriate diagnosis below
- CAH10 Disease, Congenital adrenal hyperplasia – 21-hydroxylase deficiency (classic, salt wasting)
- CAH11 Disease, Congenital adrenal hyperplasia – 21-hydroxylase deficiency (classic, simple virilizing)
- CAH12 Disease, Congenital adrenal hyperplasia – 21-hydroxylase deficiency (nonclassic)
- CAH13 Disease, Congenital adrenal hyperplasia – other enzyme deficiency
- CAH29 Disease, not on NBS panel – Specify: _____
- CAH30 Possible disease, CAH – diagnostic work-up still in progress; please provide date of next visit/labs in comments below
- CAH40 No disease
- CAH41 No disease, transient elevation due to prematurity/TPN
- CAH45 No disease, Carrier
- CAH71 Other, maternal disease or medication

COMMENTS: _____

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

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