

NEWBORN SCREENING PROGRAM
New York State Department of Health
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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 69-1.7c.

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. What confirmatory testing was done?

- Electrophoresis
 HPLC
 Mutation Analysis (Genotype) _____ / _____
Allele#1 Allele#2
 Repeat newborn screen
 Other, Specify: _____

2. Hematology follow-up?

- No
 Yes, Name of Hematologist: _____
Phone Number: _____
Date of next appointment: _____

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

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

4. CHOOSE DIAGNOSIS:

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

HGB28 Disease, Hemoglobin F only + beta thalassemia disease

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

COMMENTS: _____

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

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