



# Correction Request for Submitted Newborn Screening Specimen

**ATTENTION:** A specimen has been submitted for Newborn Screening without the demographic information or with incorrect demographic information required for analysis. Please complete the following to update the information. Once the request is submitted, the data will be updated. If this request is to add missing demographics, a Newborn Screening report with results will be provided. If this request is for updated demographics, a corrected report will be issued.

**Instructions:**

- 1.) Completely fill in the table below.
- 2.) Requesting clinician must sign & date.
- 3.) Send to NCSLPH by Fax (**919-715-9244**) or attach as a PDF and send via encrypted email to [slph.nbs.mrd@dhhs.nc.gov](mailto:slph.nbs.mrd@dhhs.nc.gov) along with your site's official fax cover sheet AND a copy of the Newborn Screening Report to be corrected.

**Please Complete this Section:**

Specimen Barcode: \_\_\_\_\_

Requestor Name (Printed): \_\_\_\_\_

Requesting Facility: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Missing or Incorrect Required Demographic Information (Check/Circle All That Apply):

Baby's Last Name	Gestational Age	Submitter EIN/Address
Date of Birth	Birthweight	Provider EIN/Address
Time of Birth	Mother's Last Name	Date of Collection
Time of Collection	Other – Please Describe	

If Other – Please Describe: \_\_\_\_\_

Originally Reported As: \_\_\_\_\_

Change To: \_\_\_\_\_

Requesting Clinician (Please Sign & Date): \_\_\_\_\_