

**NEBRASKA NEWBORN SCREENING PROGRAM  
NEWBORN TRANSFER FORM**

**ATTENTION TRANSFERRING PHYSICIAN: it is your duty per Chapter 181 NAC 2005.01(E)(i) and 005.01(E)(ii) to cause collection of a Newborn screen BEFORE transfer of infant, regardless of hours of age.**

Date of Transfer: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Hospital of Birth: \_\_\_\_\_

Infant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Time of Birth: \_\_\_\_\_

Date of Specimen Collection: \_\_\_\_\_ Time of Specimen Collection: \_\_\_\_\_

Transferring Physician: \_\_\_\_\_

Newborn Screening Specimen Collected at Hospital of Birth:                      Yes    No

Newborn Screening Specimen Collected Prior to 24 Hours of Age:                      Yes    No

Infant transfused?    Yes    No

If yes, was specimen collected prior to transfusion?    Yes    No

If collected post-transfusion, indicate type: \_\_\_\_\_ and time of transfusion \_\_\_\_:\_\_\_\_

Receiving Hospital: \_\_\_\_\_

Receiving Physician: \_\_\_\_\_

Person Receiving Form: \_\_\_\_\_

**ATTENTION RECEIVING PHYSICIAN: If the above tests have not been performed or tests need to be repeated when you take charge of the infant, you are responsible for ordering a specimen and returning the results to the hospital of birth.**

Forward one copy of this form to the receiving hospital and fax one copy to:

Nebraska Newborn Screening Program  
Department of Health & Human Services  
**402 471-1863**  
**OR**  
**E-FAX # 402 742-2332**