Division of Public Health
Newborn Screening Program
Curtis State Office Building
1000 SW Jackson St., Suite 220
Topeka, KS 66612

Kansas Department of Health and Environment

Phone: 785-296-0109
Fax: 785-559-4245
www.kdheks.gov/newborn_screening

Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

NEWBORN SCREENING DISORDER REPORTING FORM
Hemoglobin Disease (Hgb)

***** When Follow-Up is Complete, please email this form to kdhe.newbornscreening@ks.gov or fax to 785.559.4245*****

August 11, 2026

«Title» «Name_1» «Last_Name»
«Doctor_Address»
«City», «State» «Zip»

_____
If this infant is not a current patient of this practice, record name and contact information for Primary Care Physician and return this form.

RE: «Baby_Name»
DOB: «DOB»

_____
Baby's name if different than listed

□ **DIAGNOSIS EXCLUDED:** Date Excluded: _____

- ☐ Baby does **NOT** have a Hemoglobin Disorder
  - **Lab Results**: (please fill in and attach specialist's report)

□ **DIAGNOSIS CONFIRMED:** Date Diagnosis Confirmed: _____

- ☐ Baby has a Hemoglobin Disorder/Trait
  - **Lab Results**: (please fill in and attach specialist's report)

    Hemoglobin electrophoresis: _____ DNA or Additional lab results: _____
- ☐ Specific Hemoglobin Disorder (please check one)

  □ Sickle cell anemia (S/S) □ Sickle C disease (S/C)

  □ Sickle E disease (S/E) □ Sickle D disease (S/D)

  □ Sickle Beta-thalassemia (S/Beta thal) □ Homozygous Beta-thalassemia

  □ Hemoglobin H disease (Hb H) □ Other (please specify): _____
  - Date treatment began: _____

FORM CONTINUES ON BACK

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☐ Specific Hemoglobin Trait (please circle one)

AS AC AE AD AG

Other (please indicate type): _____

☐ Baby referred to specialist

- Name of specialist: _____

□ **UNABLE TO COMPLETE SCREENING PROCESS:**

☐ Parent notified of abnormal lab by registered letter and did not follow-up

- Date letter sent: _____

☐ Parent notified of abnormal lab at office visit and did not follow-up

- Date of office visit: _____

Additional Comments:

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Physician Signature_____ Date_____

When a hemoglobinopathy is confirmed, the Kansas Law 65-180 through 65-183 requires reporting by physician. Financial assistance for hemoglobinopathy clinic services and treatments may be available to the family upon application to the Special Health Care Needs (SHCN) program. A SHCN application will be sent to the baby's address. Parents or physicians can call SHCN at 1-785-296-1313 for more information.

Baby's most recent address:

Parent or Guardian_____

Address_____
Street/PO Box City State Zip