



FORM CONTINUES ON NEXT PAGE

Division of Public Health
Newborn Screening Program
Curtis State Office Building
1000 SW Jackson St., Suite 220
Topeka, KS 66612-1368



Phone: 785-291-3363
Fax: 785-559-4245
kdhe.ks.gov/768

Janet Stanek, Secretary

Laura Kelly, Governor

- ☐ Baby referred to specialist (please attach copy of specialist's report)
- Name of specialist: _____

☐ **UNABLE TO COMPLETE SCREENING PROCESS:**

- ☐ Parent(s) notified of abnormal lab by registered letter and did not follow-up
- Date letter sent: _____
- ☐ Parent(s) notified of abnormal lab at office visit and did not follow-up
- Date of office visit: _____

ADDITIONAL COMMENTS:

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

Physician Signature _____

Date _____

When ASA or CIT is confirmed, the Kansas Law 65-180 through 65-183 requires reporting by physician. Financial assistance for ASA or CIT 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