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

Kansas
Department of Health and Environment

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

Janet Stanek, Secretary

Laura Kelly, Governor

NEWBORN SCREENING DISORDER REPORTING FORM
ELEVATED Citrulline (Possible ASA / CIT)

***** 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 Argininosuccinic Acidemia or Citrullinemia type I / type II

- Lab Results: (please fill in and attach a copy of specialist's report)
- Plasma amino acids: _____
- Urine amino acids: _____

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

☐ Baby has: ____ Argininosuccinic Acidemia or ____Citrullinemia (choose one)

- Lab Results: (please fill in and attach a copy of specialist's report)
- Plasma amino acids: _____
- Urine amino acids: _____
- Date treatment began: _____

FORM CONTINUES ON NEXT PAGE

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☐ 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:

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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