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
Mucopolysaccharidosis Type II (MPS-II)

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

August 11, 2026

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

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

RE: «Baby_Name»
DOB: «DOB»

_____
Baby's name if different than listed

☐ **DIAGNOSIS EXCLUDED:** Date Excluded: _____

☐ Baby does **NOT** have **MPS II (Hunter Syndrome)**
- Lab Results: (please fill and attach a copy of specialist's report)
- Leukocyte I2S results _____
- Multiple Sulfatase Deficiency results _____

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

☐ Baby has MPS II (Hunter Syndrome) ☐ Attenuated or ☐ Severe (if known)
- Lab Results: (please fill and attach a copy of specialist's report)
- Leukocyte I2S results _____
- Multiple Sulfatase Deficiency results _____

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

FORM CONTINUES ON BACK

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RE: «Baby_Name»
DOB: «DOB»

☐ **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**_____

If LSD is confirmed, Kansas Law 65-180 through 65-183 requires reporting findings back to KDHE by a physician. Financial assistance for LSD 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 (785) 296-1313 for more information.

Baby's most recent address:

Parent or Guardian_____

Address_____
Street/PO Box City State Zip