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: 785-296-3363
Fax: 785-559-4245
kdhe.ks.gov/768

Janet Stanek, Secretary

Laura Kelly, Governor

NEWBORN SCREENING DISORDER REPORTING FORM
Pompe Disease

***** 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 **Pompe**
- Lab Results: (please fill and attach a copy of specialist's report)
- Creatine Kinase (CK) results _____
- Chest X-ray or ECHO observations/notes: _____

_____

_____

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

☐ Baby has Pompe (Please choose one of the following) ____Infantile Onset _____Late Onset
- Lab Results: (please fill and attach a copy of specialist's report)
- Creatine Kinase (CK) results _____
- Chest X-ray or ECHO observations/notes: _____

_____

FORM CONTINUES ON BACK

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RE: «Baby_Name»
DOB: «DOB»

☐ 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**_____

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