



**Indiana
Department
of
Health**



INSTEP Access Request Form

This form is to be utilized by healthcare staff to request access to electronic newborn screening results within the Indiana Newborn Screening Tracking & Education (INSTEP) application. Please complete all fields with as much detail as possible. Staff may request access for themselves and for others within their facility.

If requesting access for multiple people, include their full names, roles and work email addresses on one form.

Date of request:

Full name(s) of person(s) needing access:

Name of person completing form *(if different than above):*

Requesting facility name:

Role at facility: Physician Nurse CMA/Patient Tech
 Office staff Other *(specify)*

Requesting facility phone number:

Professional email address(es):

Email completed form to NewbornScreening@health.in.gov or fax to 317-234-2995.

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.