



Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner

Request for Newborn Screening Results

In order for the Indiana State Department of Health (ISDH) Newborn Screening Program to locate your newborn screening results or your son's/daughter's newborn screening results, certain pieces of information are needed.

Please fill out each of the lines below *with the correct information for the person whose newborn screening results are being requested.*

- If you are requesting a copy of your own newborn screening results, please fill in your own information. *Anyone who is at least 18 years old may request his/her own newborn screening results.*
- If you are requesting a copy of your son's/daughter's newborn screening results, then please insert your son's/daughter's information.

Name at birth: _____

Date of birth: _____

Location of birth (name of Indiana hospital/midwifery where you or your child was born):

Birth mother's first name: _____

Birth mother's last name: _____

If you have any questions about this form, please call Victoria Buchanan, ISDH Genomics and Newborn Screening Program Director, at (317) 233 – 1230. Please return this form, along with the Health Information Access Request form to:

Privacy Officer, Office of Legal Affairs
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204



2 North Meridian Street • Indianapolis, IN 46204
317.233.1325 tdd 317.233.5577
www.statehealth.in.gov

To promote and provide
essential public health services.