



**Newborn Blood-spot Screening  
Alternate Care Giver at Discharge  
Form**

If a newborn is discharged to a caregiver other than the birth mother, please complete this form to facilitate contact and retrieval of the baby in the event he/she needs follow-up after the newborn screen. Your assistance in helping us assure timely newborn screening follow-up to prevent morbidity and mortality in newborns is greatly appreciated. Please keep a small supply of these forms where it will be easiest to incorporate into your processes.

**FOR QUESTIONS OR PROBLEMS, PLEASE CALL: 402-471-6558**

*(PLEASE PRINT)*

**Baby's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Filter Paper / Care Form number:** \_\_\_\_\_

**Screen Name (Baby's name at time of collection):** \_\_\_\_\_

**Name of Personnel Completing Alternate Caregiver Form:** \_\_\_\_\_

**Phone Number of Personnel Completing Alternate Caregiver Form:** \_\_\_\_\_

**Alternate Care Giver information:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Discharging Facility:** \_\_\_\_\_  
or (Your facility's stamp here)

**PLEASE FAX COMPLETED FORM TO the Newborn Screening Program at: 402-742-2332.**