



## INSTEP Access Request Form

This form is to be utilized by healthcare staff to request access to online 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 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 [ISDHNBS@isdh.in.gov](mailto:ISDHNBS@isdh.in.gov) or fax to 317-234-2995.**

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