

Request for Genomics and Newborn Screening Information

In order for the *Genomics and Newborn Screening Program* to process your request, certain pieces of information are required. If you have any questions, please call us at (888) 815 – 0006.

Please *indicate* the following request you are wanting processed for the indicated person below:

- Newborn Screen Results**
- National Collegiate Athletic Association**
- Dried Blood Spot Specimen Punch**

Results will be provided for *NBS Results* and *NCAA* requests for all conditions that were on Indiana’s panel at the time of NBS. *Dried Blood Spot Specimen Punches* are for further genetic testing within 3 months and up to 3 years of the birth.

- If you are requesting on behalf of yourself, please fill in your own information. *Anyone who is at least 18 years old must request their own request.*
- If you are requesting on behalf of your child’s, please insert their 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: _____

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**

OR

ISDHNBS@isdh.IN.gov