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Dear Doctor:

Our records indicate that we have **NOT** received a repeat specimen for newborn screening on the above-referenced infant. According to the State Board of Health under 16 Del. C. sec 122 (1), 16 Del. C. sec 122 (3) (h), and 29 Del. C. sec. 7904 regulations pertaining to the testing of newborns for hereditary disorders, a **second** specimen is to be collected between one and four weeks of age on all newborns in Delaware.

We would appreciate your assistance in notifying the parent that a repeat screen is necessary as soon as possible. If you wish to provide us with further information such as phone number, address, etc., we will assist with follow-up. **Please fax completed form below to (302) 661-7227.** Unless we hear from your office, no further attempts will be made to contact the parent and the file will be closed as "**lack-of-response**" to the Newborn Screening Program.

_____ I am seeing this infant and have arranged for and assume responsibility for follow-up, and will **NOTIFY** the parent that a repeat screen needs to be done.

_____ If the repeat screen was done after date of this letter, please note date of repeat: _____

_____ I am not seeing and/or have no record of this infant.

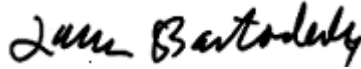
_____ The infant has transferred to another physician whose name and address is:

_____ According to our records, last known address and telephone number is:

Additional Comments:

Thank you for your cooperation with the Delaware Newborn Screening Program. If you have any questions please call the Newborn Screening Program office at 302-744-4544 or toll free at 1-800-262-3030.

Sincerely,



Louis Bartoshesky M.D., M.P.H
Genetics Medical Director

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