

2.5.1 **Anomalous/Inconsistent Results Investigation Form**

Date Reported: _____ Name of Reporter: _____ Contact Number: _____

Infant's Name: _____ AKA: _____ Date of Birth: _____

Sex: _____ Gestational Age at Birth: _____

Birth Weight: _____

Disorder(s) Diagnosed: _____ Date of Diagnosis: _____

Treatment: _____ Date Treatment Started: _____

Initial Accession Number: _____ I Number: _____

Analyte(s)	Values	Reference Range

Age at Collection: _____ Method of Collection: _____

Disorder in Question: _____

Other (or 2nd) NBS Accession #: _____ I Number: _____

Date Collected: _____ Method of Collection: _____ Result in Question: _____

Confirmatory Tests Results:

Date:	Test/Results:	Reference Range:	Laboratory:

Relevant Maternal History (including meds during pregnancy): _____

Comments/Request:

NBSB Investigator: _____ Date: _____

GDL Action Taken, Findings, Corrective Action (if indicated), Conclusions/Recommendations:

Person Completing GDL Report: _____ Date: _____

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Summary (including conclusions, i.e., reasons for inconsistent or anomalous results, and any follow-up activities taken):

NBSB Investigator: _____

Reviewed by:

Chief, NBS Clinical Support Branch (or designee)

2.5.1
Anom Inves 05/09/14