Print Form

State of California—Health and Human Services Agency

California Department of Public Health

MARK B HORTON, MD, MSPH
Director

ARNOLD SCHWARZENEGGER
Governor

_____

Re: Name: _____
DOB: _____
NBS #: _____

Dear Dr. _____:

As you are aware, California is conducting a development project for newborn screening for Severe Combined Immunodeficiency (SCID), and the above infant required a follow-up blood test.

As Dr. Sean McGhee discussed with you on _____, this baby's SCID blood lymphocyte test (results attached) demonstrates an abnormal lymphocyte profile that may indicate a serious immunodeficiency. The baby must be seen within _____ days by our designated pediatric immunologist for (i) clinical evaluation; (ii) coordination of further diagnostic tests as needed; and (iii) working with you to institute appropriate treatment.

During the development phase of the project, the California Newborn Screening Program is referring babies with positive confirmatory tests in northern California to Dr. Jennifer Puck, at UC San Francisco, while those in southern California are referred to Dr. McGhee, at UC Los Angeles). Both sites are CCS-approved centers for Immunology and Infectious Diseases.

I am happy to assist in arranging an urgent referral to,

Sean McGhee, MD
Pediatric Immunology, UCLA
Call 24/7: (310) 825-6301, ask for the pediatric immunologist on call.
E-mail: smcghee@mednet.ucla.edu

Sincerely,

Doris Bryant, RN, PNP

Coordinator