

CP 7.3.2

**Genetic Disease Screening Program
Newborn Screening (NBS) Case Closure Form for Positive Screening Result**

Instructions: Use this form to alert NBS program staff about newly diagnosed reports of screened-for disorders or changes in existing diagnosis status.

Part A: Newborn/Child Information:

Newborn Screening Accession Number: _____ \21- _____ (if known)
 Newborn/Child's Last Name: _____ First Name: _____ AKA: _____
 Date of Birth (mm/dd/yyyy): _____ \ _____ \ _____
 Child's Gender: Male Female
 Mother's Last Name: _____ First Name: _____

Part B: Current status of the child: Disorder No Disorder

If a new disorder is being reported*:

Specify New Disorder Diagnosis: _____
 Date of Diagnosis: _____ \ _____ \ _____
 Date Treatment Initiated: _____ \ _____ \ _____
 What treatment was initiated? _____
 Age of child at treatment initiation? _____ Dose: _____

To report a diagnosis change*:

Original Diagnosis: _____
 New Diagnosis: _____

***For Endocrine Disorders, please specify the CURRENT status of the child:**

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Hypothyroidism, Primary Congenital (PCH) | <input type="checkbox"/> CAH, classical salt wasting | <input type="checkbox"/> CAH, other |
| <input type="checkbox"/> Hypothyroidism, Transient | <input type="checkbox"/> CAH, classical simple virilizing | _____ |
| <input type="checkbox"/> Hypothyroidism, Variant | <input type="checkbox"/> CAH, non-classical | _____ |

Part C: Confirmatory Test Results (complete section below or attach a copy of the confirmatory laboratory report)

Test Date	Test Type	Result/ Unit Measure	Lab Reference Range

Physician Submitting Report: Last Name: _____ First Name: _____

Signature of Physician: _____

Physician Telephone #: _____

PLEASE RETURN COMPLETED FORM TO:
 Newborn Screening Area Service Center: _____ Fax #: () _____ - _____
 Attention: Coordinator/Program Specialist: _____

California Code of Regulations, Title 17, Section 6506.12 states that "All physicians making an initial diagnosis of a preventable heritable disorder for which testing is required, shall report such diagnosis and provide the information necessary for follow-up and investigation to the Department."