

TENNESSEE NEWBORN SCREENING PROGRAM

HOSPITAL/FACILITY VISIT REQUEST



Instructions: Please complete the following form and return via fax or email to: 615-532-8555 or NBS.Health@tn.gov. We ask that when selecting a date/time, that you allow a 30 day notice to increase the likelihood of our being able to meet the needs of your preferred date/time.

Hospital Contact Information

Job Title: _____

Name: _____

Email: _____ **Phone:** _____

Hospital/Facility Name: _____

Address: _____

Preferred Date/Time

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Visit Focus Areas

- Newborn Screening Dried Blood Spot Collection
- Critical Congenital Heart Disease (CCHD) Screening
- Newborn Hearing Screening
- TN Childhood Lead Poisoning Prevention Program

Target Audience(s) for Visit

- Administration
- Nursing
- Laboratory

Questions and/or Comments

Tennessee Department of Health Newborn Screening Program

Lab Phone: 615-262-6473
Follow-Up Phone: 615-532-8462
Follow-Up Fax: 1-615-532-8555
LabNBS.Health@tn.gov
NBS.Health@tn.gov

