



Tennessee Department of Health
Newborn Screening Follow Up Program
 1st Floor, R.S. Gass Building
 630 Hart Lane, Nashville, Tennessee 37243
 Phone (855) 202-1357 Fax (615) 532-8555

Confirmed Disease Identified Quality Assurance Report
CONFIDENTIAL Quality Assurance Report Completed Data for DOH Use Only!

The Tennessee Newborn Screening (NBS) test results can be affected by child's age, medical or treatment status at the time of specimen collection; the quality and quantity of the specimen and/or other variables and may not detect all affected children. The possibility of false negative or false positive results must always be considered when screening children for metabolic/genetic disorders. If a provider identifies a child with a metabolic/genetic disorder from the NBS Panel, the Confirmed Disease Identified form should be submitted to the Newborn Screening Follow Up Program (NBS- F/U) and the State Public Health Laboratory NBS Program to evaluate cutoffs, protocols, and procedures to improve the quality of the program.

Provider: If you have diagnosed a child with one of the Metabolic/Genetic Disorders on the NBS Panel but were not notified by the Program, email this form to the NBS -F/U program at NBS.Health@tn.gov or fax form to 615-532-8555.. The NBS-F/U program will forward this form to the Case Management Coordinator. This form can also be completed and submitted electronically at <https://redcap.link/ConfirmedDiseaseForm>.

Child's First Name: _____ Child's Last ame: _____
 Child DOB: _____ Hospital of Birth: _____
 Diagnosis: _____ Diagnosis Date: _____
 Confirmatory Laboratory Studies: _____
 Clinical Condition of Child That Led to
 Evaluation: Current Status of Child: _____
 Treatment/Date Started: _____ Treating Specialist: _____
 Mother's First Name: _____ Mother's Last Name: _____
 City: _____ State: _____
 Provider: _____ Submitted by: _____
 Provider Phone: _____

Newborn Screening Program Use Only: Case Management Coordinator/Lab Manager/Supervisor: Review the case, make notes on this form and in patient's chart, and then scan form into the chart. Email form with TDH# to both the Lab Supervisor and the Lab Manager. Disposition case as appropriate.

NBS TDH#:

Date: ____ / ____ / ____

NBS Follow-up Staff Who Reviewed:

Comments:

Sent to Lab Date: ____ / ____ / ____

NBS Lab Staff Who Reviewed:

Comments: