

STATE OF WASHINGTON

DEPARTMENT OF HEALTH OFFICE OF NEWBORN SCREENING

Authorization To Disclose Newborn Sickle Cell Screening Results

1610 N.E. 150th Street • Shoreline, WA 98155-9701 www.doh.wa.gov/nbs • Phone (206) 418-5410 • Toll Free (866) 660-9050 • Fax (206) 418-5415

l, _		by authorize the Washington State Department of He	
	<u> </u>	of newborn sickle cell (hemoglobin) screening for the ual or institution identified in Section 2 below. This a	
		ewborn sickle cell (hemoglobin) screening for this sing	
and	d expires thereafter.		
1.	Individual whose newborn sickle cell screening results are to be released:		
	Name:		<u> </u>
	Date of Birth:		
	Place of Birth:		
	(Hospital or facility nam	ne) (City)	
	Mother's Name (at time of birth):		<u> </u>
2.	Individual or Institution to whom results are to be released:		
	Name of Institution:		
		Email:	
	Adress:		
	City, State, and Zip Code		
	Contact phone:	Fax:	
	Requester Information* – Must be sign	• •	
	(or parent/guardian if under 18 years of	fage)	
	Signature:	Date:	
	Name:	Relationship to patient:	
	Address:	Email:	
	City, State, and Zip:	Phone:	
•	Washington has screened for Sickle (Cell trait since 1991. Individuals born prior to that dat	e will not have

- e results on file. Results may be available for babies born since:
 - o Pierce County, May 1991,
 - King County, August 1991,
 - o Statewide, November 1991
- We have results only for babies born in Washington, excluding military births (even if born in Washington).
- Results prior to March 1998 are not available electronically and require an archive search of paper records.
- If results are not available, we will contact the person identified in point 3, the Requester.