HOW TO OBTAIN OUT-OF-STATE NEWBORN SCREENING RESULTS

PENNSYLVANIA

Request for results must be faxed on office letterhead to the number below:
(Fax must include Name, DOB, Mother’s full name and Hospital of birth)

PA NBS Fax: 717-724-6995

NEW JERSEY

New Jersey asks that a signed Medical Release Form be faxed to the number:
(Parent signature must be obtained on release)

NJ NBS Lab fax: 609-530-8373
NJ NBS Lab Ph: 609-530-8371

MARYLAND

Request for results must be faxed on office letterhead to the number below:
(Fax must include Name, DOB, Mother’s full name and Hospital of birth)

MD NBS Fax: 443-681-4505

NEWBORN INFORMATION FOR REQUEST

When requesting information from newborn screening, please provide the following information in your requests:

- Infant’s name at birth
- Mother’s name and address at infant’s birth
- Infant’s current name

PLEASE CONTACT NEMOURS NEWBORN SCREENING PROGRAM FOR ANY ADDITIONAL QUESTIONS 302-651-5079