



SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH

Correction Request for Submitted Newborn Screening Specimen

ATTENTION: If a specimen report has been generated for Newborn Screening without the demographic information or with incorrect demographic information required for analysis, a corrected report will need to be generated. Please complete the following to update the information. Send both the Request and the supporting documentation for the change. Once the request is submitted, the data will be updated or added, and a corrected report will be issued.

Instructions:

- 1.) Completely fill in the table below.
- 2.) Requester must sign & date.
- 3.) Send to SCPHL by Fax (803-896-3862) or attach as a PDF and send via encrypted email to NBSLAB@dph.sc.gov along with your site's official fax cover sheet AND a copy of the Newborn Screening Report to be corrected.

Please Complete this Section:

Specimen Number: _____

Requestor Name (Printed): _____

Requesting Facility: _____

Date of Request: _____

Missing or Incorrect Required Demographic Information (Check/Circle All That Apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Baby's Last Name | <input type="checkbox"/> Gestational Age | <input type="checkbox"/> Submitter /Address |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Birthweight | <input type="checkbox"/> Provider /Address |
| <input type="checkbox"/> Time of Birth | <input type="checkbox"/> Mother's Last Name | <input type="checkbox"/> Date of Collection |
| <input type="checkbox"/> Time of Collection | <input type="checkbox"/> Medical Record Number | <input type="checkbox"/> Other – Please Describe |

If Other – Please Describe: _____

Originally Reported As: _____

Change To: _____

Requesting Clinician (Please Sign & Date): _____

SC DEPARTMENT OF PUBLIC HEALTH PUBLIC HEALTH LABORATORY

LOCATION: 8231 Parklane Road, Columbia, SC 29223

TEL: 803-896-9530 • FAX: 803-896-3862

Correction Request for Submitted Newborn Screening Specimen

Instructions for Completing 4493-ENG-DPH

Purpose: If a specimen report has been generated for Newborn Screening without the demographic information or with incorrect demographic information required for analysis, a corrected report will need to be generated. This form is a coversheet that **MUST** be submitted with the appropriate supporting documentation for a correction to be completed.

Audience: Healthcare providers.

Instructions:

1. Completely fill out the form. Omission of any information may delay corrections.
2. Requester must sign & date.
3. Send to SCPHL by Fax (803-896-3862) *or* attach as a PDF and send via encrypted email to NBSLAB@dph.sc.gov *along with your site's official fax cover sheet AND a copy of the Newborn Screening Report to be corrected.*

Office Mechanics & Filing: This completed form and supporting documentation shall be stored in the Public Health Laboratory (PHL) Laboratory Information Management Systems (LIMS) Office for two years, or until the next Clinical Laboratory Improvement Amendments (CLIA) inspection; whichever is later. After this time period is met, the records shall be archived using an ARM-14 transmittal form and stored at the State Records Center for an additional 8 years. The Quality Control/Quality Assessment Records, 08582, retention schedule applies.