BUREAU OF CLINICAL LABORATORIES

SHARON P. MASSINGALE, PH.D., HCLD(ABB) ♦ DIRECTOR

Alabama Newborn Screening Program

Provider Update Form

In order to provide more efficient service in providing Newborn Screening forms and patient reports, we are updating our provider list. It would be of great assistance to us if you would fill out the following information and return it to:

ALABAMA DEPARTMENT OF PUBLIC HEALTH
Bureau of Clinical Laboratories
Newborn Screening Division
8140 AUM Drive, Zip 36117-7001
P.O. Box 244018, Zip 36124-4018
Montgomery, AL

FAX: (334) 260-3439

Name of Hospital or Practice: _____

Street/Shipping Address: (Physical address) _____

City, State, and Zip Code: _____

Provide P.O. Box/ P.O. Zip if applicable: _____

Telephone Number: _____

Contact Name / Office Manager: _____

Names of **ALL** physicians or nurse practitioners that currently submit NBS specimens:

_____ NPI# _____

_____ NPI# _____

_____ NPI# _____

_____ NPI# _____

_____ NPI# _____

_____ NPI# _____

_____ NPI# _____

_____ NPI# _____