Live* Birth Roster (Weekly)

		Live* Birth Roster (Weekly)			FAX every Monday morning to: Newborn Screening Program			
Sunday:	through	Saturday:		A	TTN: ((206) 363-1610 Gauri Gupta (206) 418-5508		
Birth Facility:			ID #: H or B			. ,	-	
Person/Unit reporting:		Fax		Phone				

Instructions: Please Print or Type a list of all births that occurred in this birth facility during the previous week (Sun.-Sat.). If no births occurred during a given week, please complete and fax a roster stating "no births" * Please Do Not list Stillbirths*

Under Comments: Please note Transfers (hospital and date), Deaths (include date), Adoptions/Surrogate/Foster and the barcode number from the Newborn Screening specimen card

Date of Birth mm/dd/yyyy	Mother's Last Name/ And Baby's Last Name (if different)	Sex M/F	If Twin A/B/C	Mother's First Name	Comments