	Live	* Hom	ie Birth	Roster	
Please report home birth(s) with this roster only if you are unable to file the infant's birth certificate within one week of birth					Fax (206) 363-1610 Newborn Screening Program ATTN: Gauri Gupta
Sunday:	through	:			Phone (206) 418-5410
mn Rirth Attenda	through n/dd/yyyy mm/ nt:	dd/yyyy	ID #	#: <b>M</b>	2
Fax Phone					
Instructions: Fax roster weekly List home births you attended last week (if birth certificate not yet filed) *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

