



**GEORGIA PUBLIC HEALTH LABORATORY  
NEWBORN SCREENING CLIENT RECORD CORRECTION**

**FROM:** Hospital/Submitter Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Supervisor Name (Printed): \_\_\_\_\_  
 Supervisor Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**IMPORTANT!**

1. Corrections will be accepted only from the submitter of record.
2. Incomplete / unsigned requests will not be accepted. All fields must be completed
3. Telephone requests and/or other forms will not be accepted.
4. A copy of the unaltered patient chart showing the correct information must be attached
5. Once a report is printed, only those corrections potentially affecting test results will be Made. (Infant Name, Date/Time of Birth, Date/Time of Collection, Weight)
6. The GPLH will correct GPLH data entry errors immediately upon notification.

| PATIENT AND SPECIMEN INFORMATION <i>AS SHOWN ON REPORT (Necessary to identify patient)</i> |              |                   |                  |                       |                        |                         | REQUESTED ACTION   |
|--|--------------|-------------------|------------------|-----------------------|------------------------|-------------------------|--|
| INFANT'S NAME  |              | GPLH Form Number  | MEDICAL RECORD # | GPLH ACCESSION NUMBER | DATE AND TIME OF BIRTH | DATE AND TIME COLLECTED | CORRECTION REQUESTED   |
| LAST   | FIRST        |                   |                  |                       |                        |                         |  |
| <i>Example:</i>  | <i>Smith</i> | <i>3000182751</i> | <i>275123667</i> | <i>15N000153131</i>   | <i>3/14/2014</i>       | <i>3/13/2014</i>        | <i>Please correct date and time of collection to 03/15/2014, 08:00 am.</i> |
|  |              |                   |                  |                       |                        |                         |  |
|  |              |                   |                  |                       |                        |                         |  |
|  |              |                   |                  |                       |                        |                         |  |
|  |              |                   |                  |                       |                        |                         |  |

THIS CHANGE IS NEEDED DUE TO (CHECK ONE)

Hospital/Submitter Error

GPLH Error

**FAX TO: GEORGIA PUBLIC HEALTH LABORATORY  
 Central Accessioning & Data Processing  
 404-327-7919**

**NOTE: Correction of demographic data will not remove this specimen from the hospital's unsatisfactory specimen percentages.**