



**New Born Sickle Cell Screening Test**

In 1989, the State of Illinois mandated all newborns be screened for sickle cell disease. If you were born in Illinois in 1990 or later, you can contact the Illinois Department of Public Health to get your newborn sickle cell screening result.

Please fill out the information below, sign and submit to the IDPH either by mail or fax to the contact information below. The IDPH will mail or fax the results back to you.

Name of child at birth: \_\_\_\_\_

Current name of child if different: \_\_\_\_\_

Date of birth of child: \_\_\_\_\_

Name of birth hospital: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Where results should be sent: \_\_\_\_\_

Mailing address or FAX number: \_\_\_\_\_

Name of parent/person requesting result: \_\_\_\_\_

Signature of parent/person requesting result: \_\_\_\_\_

**These forms should be submitted to:**

Newborn Screening Program  
Illinois Department of Public Health  
535 W. Jefferson St.  
Springfield, IL 62761

Or--- FAXED to:

Newborn Screening Program-IDPH  
217-557-5396

For general information or questions, please contact Illinois Department of Public Health  
217.785.8101.