

NEWBORN SCREENING PROGRAM
New York State Department of Health
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HYPOTHYROID DIAGNOSIS FORM

Dear Doctor:

Please complete this form in its entirety and return it to the Newborn Screening Program as soon as possible. Your response is required, as specified in Title 10 New York Code of Rules and Regulations subpart 69-1.7c.

Note: Screening results do not constitute a diagnosis. Confirmatory testing is required.

NEWBORN INFORMATION

Name at birth: _____
 AKA: _____
 Single Birth Twin A Twin B Other _____
 Mother's name: _____
 Date of Birth: _____
 Gender: Male Female
 Hospital of birth: _____
 Medical Record #: _____

1. ATTACH CLINICAL LABORATORY RESULTS

DATE OF TEST	TEST	RESULTS (pre-treatment)	NORMAL RANGE (required)
	Total T4		
	Free T4		
	TSH		
	Other:		

2. Treatment Started? No
 Yes – Date of first dose: _____

3. Thyroid Scan? No
 Yes – Results: _____

4. Endocrine follow-up? No
 Yes – Name of Endocrinologist: _____

Phone Number: _____

Date of Next Appointment: _____

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5. CHOOSE ONE DIAGNOSIS (for possible disease, please see bottom of page):

Hypothyroidism

Diagnosis Date: _____

- TSH01 [] Expired, If cause of death is known, choose the appropriate diagnosis below
- TSH10 [] Disease, Primary congenital hypothyroidism - uncompensated (low FT4, elevated TSH)
- TSH12 [] Disease, Primary congenital hypothyroidism – athyreosis, agenesis (including partial) or dysplasia
- TSH13 [] Disease, Congenital hypothyroidism – compensated (normal FT4, elevated TSH)
- TSH15 [] Disease, Ectopic thyroid – lingual or sublingual
- TSH16 [] Disease, Dyshormonogenesis – defect in hormone synthesis
- TSH18 [] Disease, Goiterous hypothyroidism – enlarged gland
- TSH20 [] Disease, Central hypothyroidism – second or tertiary
- TSH22 [] Disease, Central hypothyroidism - panhypopituitarism
- TSH28 [] Disease, Thyroid disease of other etiology
- TSH29 [] Disease, not on NBS panel – Specify: _____

- TSH30 [] Possible disease, persistent hypothyroxinemia (low FT4, normal TSH) – on treatment or followed – see below
- TSH31 [] Possible disease, hypothyroxinemia of prematurity – on treatment or followed – see below
- TSH32 [] Possible disease, persistent hyperthyrotropinemia (normal FT4, borderline TSH) – see below
– on treatment or followed
- TSH33 [] Possible disease, hyperthyrotropinemia of prematurity – on treatment or followed – see below

- TSH40 [] No disease, Euthyroid
- TSH41 [] No disease, Euthyroid – sick baby syndrome
- TSH42 [] No disease, Hypothyroxinemia of prematurity
- TSH43 [] No disease, Hyperthyrotropinemia of prematurity
- TSH45 [] No disease, Thyroid binding globulin deficiency (TBG)
- TSH47 [] No disease, Euthyroid, transient, previous hypothyroxinemia
- TSH48 [] No disease, Euthyroid, transient, previous hyperthyrotropinemia
- TSH71 [] Other, maternal antibodies
- TSH72 [] Other, maternal medication
- TSH73 [] Other, maternal – iodine deficiency/excess
- TSH74 [] Other, Acquired hypothyroidism

POSSIBLE DISEASE (Diagnostic work-up still in progress)? _____

If yes, please provide date of next visit/labs in comments below and ensure current labs are provided on page 1.

COMMENTS: _____

PHYSICIAN’S SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **FACILITY/PRACTICE:** _____