

Worksheet 1. Hospital Information

IMPORTANT NOTE: See instructions for Worksheet 1; use additional sheets as needed.

Hospital Code	Name/Address	Number of CF cases at or above cut-off from Section 3	Number of newborns receiving IRT testing from Section 4
_____	Name _____ City _____ State _____	_____	_____
_____	Name _____ City _____ State _____	_____	_____
_____	Name _____ City _____ State _____	_____	_____
_____	Name _____ City _____ State _____	_____	_____
_____	Name _____ City _____ State _____	_____	_____
_____	Name _____ City _____ State _____	_____	_____
_____	Name _____ City _____ State _____	_____	_____
_____	Name _____ City _____ State _____	_____	_____
_____	Name _____ City _____ State _____	_____	_____
_____	Name _____ City _____ State _____	_____	_____
_____	Name _____ City _____ State _____	_____	_____