

Newborn Screening Participant Form Instructions

Instructions for Participants using a third-party service provider

1. Please fill out all fields on the first page of the Participant Form.
2. Fill out all fields on the second page except #5-8. These data elements will be provided by the designated third-party service provider. They are:
 - Sending Application Name
 - Sending Application OID
 - Type of data exchange transport
 - Preferred format for SSL certificate
3. Your completed form may be emailed to DCLS_MSG_SPPT@dgs.virginia.gov.

Instructions for Participants not using a third-party service provider

1. Please fill out **ALL** fields on the Participant Form.
2. Your completed form may be emailed to DCLS_MSG_SPPT@dgs.virginia.gov.