Region4
Genetics Collaborative

Priority 2 – IBEM-IS Workgroup
Clinical State Lead Quarterly Report
For quarter: (mo/day/yr – mo/day/year)

Name: **State:**

1. Please list metabolic centers/specialists in your state and briefly describe the status of each centers' participation in the IBEM-IS.

2. Describe efforts/activities/steps taken to encourage:

    a) metabolic center participation

    b) encourage state department of health participation

    c) communicate information from the IBEM-IS and Priority 2 workgroup meetings back to metabolic sites in the state.

3. Describe barriers/challenges to fulfilling the expectations of the role of clinical state lead.