Request for Retrieval of Newborn Filter Paper Specimen
For Additional Testing by New England Newborn Screening Program (NENSP)

I request that the New England Newborn Screening Program retrieve part or the entire residual dried blood specimen (if available) drawn from the following newborn:

Newborn: DOB ______________________, Hospital of Birth: __________________________

Last Name: ________________________, First Name: __________________________

If multiple birth, number in birth order: 1☐, 2☐, 3☐, other☐.

Mother: Last Name: ________________________, First Name: __________________________

I assure ALL the following criteria for retrieval and testing is true:

- I have permission from a parent/guardian to retrieve the newborn specimen for the following additional testing to be performed by the NENSP:
  __________________________________________________________

- The additional testing of the retrieved filter paper specimen has the potential to aid in establishing a diagnosis and/or have direct benefit for the person from whom the filter paper blood sample was taken.

I understand that some analytes may not be stable in the stored dried blood specimen, and that there may not be sufficient residual specimen for the requested testing.

Relevant clinical information:
_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________

Signature and title of medical professional: ____________________________________________
Printed name of medical professional: Dr. Michael Gelb
Mailing address: Dept. of Chemistry, Campus Box 351700, 36 Bagley Hall, University of Washington, Seattle, WA 98195
Phone number: 206-543-7142  Fax number: 206-685-8665
Date: __________________________

Signature of parent/guardian: _______________________________________________________
Printed name of parent/guardian: ___________________________________________________
Date: __________________________