

CONSENT FOR RELEASE OF NEWBORN SCREENING BLOOD SPOT CARD (v2)

Fields marked * must be completed. Incomplete or illegible information may delay or prevent the correct card being retrieved and processed.

The name of the child may be different to the information provided on the newborn blood spot card. The maternal surname is often used for the first few days of life.

*Child's Name			
<i>(Name at birth if different)</i>			
*Date of Birth		*Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
*NHS Number			
*Mother's name			

*Test required	<input type="checkbox"/> CMV <input type="checkbox"/> Other.....	<i>Internal use only</i>	
		<i>Episode Number</i>	

I agree to the release of the newborn blood spot sample for the investigation detailed on this form and I confirm that I have 'parental responsibility' for this child:

*Signature of parent/guardian			
*Printed Name			
*Relationship to child		*Date	

*Requesting Consultant	
*Consultant Address
*Invoice Address (if different to address above)

Please note: there is a £60 charge to retrieve and forward the sample to the referral laboratory.

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The report and invoice from the referral laboratory will be sent to the named clinician at the address provided above. The SE Thames NBS lab does not receive or hold copies of reports for additional tests.