

State of Vermont Department of Health -Newborn Screening [Phone] 802-951-5180 [Fax] 802-951-1218 healthvermont.gov/family/newbornscreening  $Agency\ of\ Human\ Services$ 

## Request for Retrieval of Newborn Filter Paper Specimen for Additional Testing

I request that the New England Newborn Screening Program (NENSP) retrieve part of the residual dried bloodspot specimen (if available) drawn from the newborn listed below:

PLEASE PR	INT:			
Infant Name: Hospital of Birth:		DOB: Birth Parent Name:		
				Please note:
assure tha	t all the following are true (place check	in box):		
	I have a medical professional - patient repaper specimen.	ve a medical professional - patient relationship with the individual for whom I seek this er specimen.		
	I have permission from the parent/guard additional testing. Please print reason fo	ian for retrieval of the newborn specimen for r testing:		
	I have verified the identity of a parent(s) laboratory specimen.	or guardian(s) requesting the release of this		
	•	erstand that some analytes may not be stable in the stored dried blood specimen, and here may not be enough residual specimen for the requested testing.		
	I have spoken with the Vermont Newbor	ve spoken with the Vermont Newborn Screening Program about this request.		
The specin	nen should be sent to the following add	ress:		
PLEAS	SE PRINT			
Facility Address		attn:		
Phone:	F	ax:		





Signature of Requesting Medical Pro	fessional:	Date:		
PLEASE PRINT				
Name and Title of Medical Professional:				
Address of Medical Professional:				
Phone:	Fax:	Email:		
Signature of Parent/Guardian:		Date:		
Printed Name of Parent/Guardian/Individual:				

Fax completed form to the Vermont Newborn Screening Program at 802-951-1218 (fax)

Please call with questions: 802-951-5180

To be completed by the Vermont Newborn Screening Program		
Date received:	Signature of Staff:	
Accession # of specimen:		

