

Newborn Screening Bloodspot Card - Consent for Further Tests

I consent for the Newborn Screening Blood spot sample from my child:

First name(s)		Surname	
Date of birth		NHS number	
Address			
Surname / Address at birth (if different)			
Clinical Details			

to be released for further tests (please specify):

.....

as explained to me by:

.....

Name of Parent/Guardian:.....

Signature:Date:

Signature of Doctor obtaining consent:

Name of child's Consultant:		For electronic requests via NBT or UHB ICE (CMV – Guthrie card), please affix ICE barcode here:
Contact Details (Tel/nhs.net email)		
Address for report		

Once completed, please forward/fax/email to:

Dr Helena Kemp,
 Director Newborn Screening,
 Newborn Screening Laboratory (Bristol)
 P O Box 407
 Bristol
 BS9 0EA

Fax 0117 4148413

Email: nbn-tr.newbornscreening@nhs.net

If there are any queries, please contact 0117 4148418 or 0117 4148426.

QPulse Reference No: BS/CB/NBS/LD/13 version 3.