

**Newborn Screening Bloodspot Card - Consent for Further Tests**

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

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

to be released for further tests (please specify):

.....

.....

as explained to me by:

.....

Name of Parent/Guardian:.....

Signature: ..... Date: .....

Signature of Doctor obtaining consent: .....

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

Once completed, please forward/email to:

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

Email: [nbn-tr.newbornscreening@nhs.net](mailto:nbn-tr.newbornscreening@nhs.net)

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