

Request for the return of newborn metabolic screening sample ('Guthrie card' or 'blood spot card')

How stored newborn metabolic screening samples may be used

After testing, the residual newborn metabolic screening sample is retained in secure storage according to protocols set by the National Public Health Service, Health NZ | Te Whatu Ora.

If parents have consented, the stored samples may be used in the following ways:

- for repeat testing. If your baby has a disorder but did not have an abnormal test result, the blood sample can be tested again to see why this happened.
- to improve the screening programme, such as by making sure that testing equipment produces accurate results.
- to monitor the screening programme for quality assurance purposes.
- for research approved by an ethics committee and Health New Zealand | Te Whatu Ora.
- to investigate a death or illness in your family.

For samples taken before June 2011, no research or other tests will be done without the written consent of the person from whom the sample was collected (if over 16 years) or their parent(s)/guardian(s). For samples collected from June 2011, any proposal for research that will require release of samples must first be approved by an ethics committee and then by the National Public Health Service.

INSTRUCTIONS FOR REQUESTING RETURN

Who can request return? Until a child is 16 years old, the request must be made by the baby's parent or legal guardian. After that time the request must be made by the young person or adult.

If the request for return accompanies the sample and you are the baby's mother, complete *Section A* below. No proof of identity is required because this has been established during the sample collection process.

If the blood spot sample has already been sent separately to this request, use the reverse of this form. A photocopy of your driver licence or other photo ID must be supplied. In some cases proof of guardianship is also required.

Completed **signed** forms must be **posted to:**

Newborn Metabolic Screening Programme
P O Box 110031
Auckland City Hospital
Auckland

Or couriered to:

LabPLUS, Gate 4
Building 31, Auckland City Hospital
Grafton Road
Auckland

Emailed or faxed forms will not be accepted.

The card will be returned by tracked courier with your signature required at the time of delivery. For additional information please contact the Newborn Metabolic Screening Programme:

antenatalnewbornscreening@tewhatuora.govt.nz

SECTION A: WHERE REQUEST ACCOMPANIES SAMPLE

Please complete this section when the request for the return of the sample accompanies the newborn screening sample and the request is made by baby's birth mother.

I am the birth mother of the baby named on the attached sample. Please return the sample to me at the address below (**must be a street address – courier cannot deliver to a PO Box or Private Bag**).

Street address: _____

Baby's NHI: _____

Mother's name: _____

Mother's signature: _____

USE THIS SIDE IF THE BLOOD SPOT SAMPLE HAS BEEN SENT SEPARATELY TO THIS REQUEST

Details of both the requestor and the sample are required. Complete details of sample below then complete either section B, C or D as appropriate. **Please note: addresses for delivery must be your street address, the courier cannot deliver to a PO Box or Private Bag.**

Details of sample (must be completed so the correct card can be identified)

Baby's name: _____ Baby's mother's name at time of birth: _____

Baby's NHI number (if known): _____ Baby's place of birth: _____

Baby's date of birth: _____ Lead maternity carer (if known:): _____

Additional information such as a hospital number and family doctor or obstetrician (for infants born before 1995) may also be helpful.

Section B: Complete this section when the request for return of the sample does not accompany the newborn screening sample, the child from whom the sample was taken is still under 16yrs and the request is made by baby's birth mother.

I (name of person requesting return) _____ am the birth mother of the baby described above. I request the return of the newborn screening sample card to me at the address below.

Street address (for return of card): _____

_____ Phone number: _____

Mother's signature: _____

Proof of identity e.g. photocopy of driver licence or other photo ID must be supplied.

Section C: Complete this section when the request for return of the sample does not accompany the newborn screening sample, the child from whom the sample was taken is still under 16yrs and the request is made by the baby's father or legal guardian.

I (name of person requesting return) _____ am the father/legal guardian of the baby described above, and I request the return of the newborn screening sample card to me at the address below.

Street address (for return of card): _____

_____ Phone number: _____

Signature of person requesting return: _____

Proof of identity must be supplied e.g. photocopy of driver licence or other photo ID, AND photocopy of birth certificate or other proof of guardianship.

Section D: Complete this section if you are aged 16 years or over and requesting return of your own sample.

I _____ request the return of my newborn screening sample card.

Street address (for return of card): _____

_____ Phone number: _____

Signature of person requesting return: _____

Proof of identity such as a photocopy of driver licence or other photo ID must be supplied. If you have changed your name since birth, proof of change of name must be provided e.g. a copy of marriage certificate.