





Preferred puncture site is indicated by shaded areas on heel.

- RIGHT**  
 **ACCEPTABLE**  
Circle filled and evenly saturated
- WRONG**  
 **UNACCEPTABLE**  
Layering
-  Insufficient, multiple applications
-  Serum rings present

**EASTERN**  
BUSINESS FORMS, INC.

### Informed Consent Statement – Newborn Screening Dried Blood Spots (DBS)

#### NOTES:

- Parent(s) or legal guardian(s) must indicate whether they accept or decline participation in research & sign bottom of form.
- If participation is declined, child's DBS will be destroyed after 6 months in storage.
- If participation is accepted, child's DBS will be stored in freezer w/ humidity control & allowed to be used for research (samples will be de-identified for research use). Child's DBS will be destroyed after 3 years in storage.

#### CONSENT STATEMENT (provided on back of heelstick card):

You should have been given the brochure called "After Newborn Screening." This brochure describes how your child's blood sample from newborn screening (also called a dried blood spot, or DBS) could be used for medical research after newborn screening is complete. Please read this brochure. If you did not receive a copy, please ask your child's nurse or primary care provider for one.

As your child's parent(s) or legal guardian(s), you have the right to decide whether your child's DBS will be used for medical research after newborn screening is complete. Please read the information below. Once you decide whether your child's DBS can be used for medical research after newborn screening, check "YES" or "NO" and then sign the bottom of this form.

- It is important for parent(s)/guardian(s) to understand that participating in medical research is completely voluntary.
- There is no penalty for declining to have your child's DBS used for medical research after newborn screening.
- If you agree to have your child's DBS used for medical research now, but change your mind later, you can call the Indiana State Department of Health Newborn Screening Program & ask that your child's DBS not be used for research.

**I/we have read the brochure called "After Newborn Screening" and the information above. My/our decision about my/our child's DBS is below. My/our permission applies to any and all blood spots collected for newborn screening.**

#### PLEASE CHECK EITHER YES OR NO.

- YES.** I/we agree that my/our child's dried blood spot (DBS) can be used for medical research after newborn screening is complete. My/our child's DBS will be stored for use in future medical research. My/our child's DBS will be destroyed after 3 years.
- NO.** I/we decline the use of my/our child's dried blood spot (DBS) in medical research after newborn screening is complete.

If you have more questions about dried blood spots & medical research, please contact the Indiana State Department of Health Newborn Screening Program at (888) 815 – 0006.

Parent/legal guardian signature \_\_\_\_\_

Date \_\_\_\_\_

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Use Ball Point Pen. Press Hard. Instructions on Back. Print Legibly

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6969213  
LOT

**PLEASE PRINT: Complete Entire Form**

Infant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Multiple Birth:  (A, B, C, etc.)

Infant's Previous Last Name \_\_\_\_\_ Infant's Medical Record # \_\_\_\_\_

Infant's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ 1st Protein Feed Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Collection Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Time (Military) \_\_\_\_:\_\_\_\_ Time (Military) \_\_\_\_:\_\_\_\_ Sex:  Male  Female

Type of Feeding:  Lactose  NPO  Lactose Free  Breast  Soy  Hyperal (TPN)

Mother's Full Name \_\_\_\_\_ Last \_\_\_\_\_ Mother's First \_\_\_\_\_ Mother's Initial \_\_\_\_\_

Mother's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Address \_\_\_\_\_ Number / Street \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Hospital \_\_\_\_\_ Submitting \_\_\_\_\_ Birth (if Different) \_\_\_\_\_

Infant's Physician \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Number / Street \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Race:  White  Black  American Indian  Asian  Other \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic  Unknown \_\_\_\_\_

Status: 1. Normal  2. Sick / Premature  (gest. age \_\_\_\_ wks.) 3. Meconium ileus  Yes  No 4. Transfused  Yes  No Date of last RBC Transfusion \_\_\_\_/\_\_\_\_/\_\_\_\_

PREVIOUS REQUISITION # \_\_\_\_\_ BLOOD DRAWER ID \_\_\_\_\_

Submitter Label \_\_\_\_\_ Initial Screen  Repeat Screen  Prev. Abn \_\_\_\_\_ Prev. QNS \_\_\_\_\_

Newborn Lab  
Use Only

Hearing Screening  Initial  Rescreen

Date of Screen \_\_\_\_/\_\_\_\_/\_\_\_\_ Final Screen Left \_\_\_\_/\_\_\_\_/\_\_\_\_ Final Screen Right \_\_\_\_/\_\_\_\_/\_\_\_\_

Results  Pass  Refer  Pass  Refer

Risk Factors  Yes  No

**Pulse Oximetry Screening**

1st Reading Date \_\_\_\_ Time \_\_\_\_ Right Hand  Pass  Did Not Pass

2nd Reading Date \_\_\_\_ Time \_\_\_\_ Right Hand  Pass  Did Not Pass

3rd Reading Date \_\_\_\_ Time \_\_\_\_ Right Hand  Pass  Did Not Pass

- METABOLIC SCREENING INSTRUCTIONS:**
- Obtain blood specimen from every infant before discharge or transfer.
  - Optimum time for screening is 48-72 hours of age.
  - Blood specimens taken before 48 hours of age must be repeated within 7 days.
  - Do not obtain sample from a central line when infusing amino acid solution.
  - Return sample via courier or mail within 24 hours of collection.

- HEARING SCREENING INSTRUCTIONS:**
- Perform hearing screening on every infant before discharge or transfer.
  - The optimum time for screening is after 24 hours of age.
  - Under no circumstances should the screening specimen be delayed due to the collection and submission of the metabolic screening specimen.
  - If the hearing screening cannot be attempted before the metabolic screening specimen is sent to the State Laboratory, retain the hearing pull out. When available, complete hearing results and send the form in with next batch of newborn screening specimens.
  - When the hearing screening cannot be completed prior to discharge, indicate the reason the hearing screening was not performed when submitting the metabolic specimen.



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