

SN 442158033

IN-RT

PLEASE IVD

2015-07

Lab I.D. SN 442158033

# Newborn Screening Program

Serving New York Since 1965

**Instructions to Hospital:**  
After entering infant's name, remove this pink copy and give it to the parents of this newborn, along with the educational brochure "For Your Baby's Health."

Infant's Last Name:


### Parents,

A blood specimen has been taken from your baby for testing by the State Newborn Screening Program. This program is described in the brochure "For Your Baby's Health" given to you by hospital staff. To learn the outcome of this important health service, take this notice to your baby's doctor, who can obtain the test results either from this hospital, by calling 1 (800) 535-3079 or electronically through the health commerce system. Under NY State law, these results can only be reported to your doctor and cannot be sent directly to parents.

Your child's specimen(s) will be stored by the Newborn Screening Program for up to 27 years under secure conditions where access is strictly controlled. Should the need arise, the specimen(s) may be used for diagnostic purposes for your child with appropriate consent. A portion of the specimen will also be stripped of all information that might identify your child and may be used in public health research that has been reviewed and approved by a Board charged with overseeing compliance with all applicable laws and ethical guidelines. You may arrange to have your child's specimen(s) destroyed or prevented from being used in public health research by calling (518) 473-7552.

Do your children have health insurance? If not, they may qualify for NY State's health insurance program, Child Health Plus. Call: 1 (800) 522-5006 for information.



Wadsworth Center  
NYS Department of Health  
<http://www.wadsworth.org/newborn>

PARENT COPY