

## NEWBORN SCREENING SPECIMEN REQUEST FORM FOR IDENTIFIED SPECIMENS

**(Research / Test Development)**

- 1. Requestor/Title/Institution:**
- 2. Phone Number:**
- 3. Contact, if different from the Requestor:**
- 4. Contact's Phone Number:**
- 5. Date of Request:**
- 6. Date Required:**
- 7. Number of Specimens:**
- 8. Participants' Information (attach a copy of the signed consent form for each patient)**

<b>Name</b>	<b>Birth Date</b>	<b>Gender</b>	<b>Hospital of Birth</b>
-------------	-------------------	---------------	--------------------------

- 9. Spot Size/Number of Punches per Infant (one full circle must remain on the card; if there is insufficient blood, the sample is considered ineligible for study):**
- 10. Preparation (e.g. the arrangement of samples on the plate (Investigators are asked to supply tubes/plates; the arrangement of vacant wells for controls; request for DNA extraction, if applicable. Fee may be assessed depending on amount of preparation and/or number of specimens).**

**11. Study title / Description / Protocol number / Rationale for request:**

**12. Requestor Attestation:**

**I affirm that the above information is accurate and the requested specimens will be used for the exempt and/or currently approved IRB study (see #11):**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**13. Verification by Requestor's IRB if Requestor's Institution is not NYSDOH**

Study was last approved by this IRB on (date): \_\_\_\_\_

I affirm that the requested specimens and their use are consistent with the objectives of study (<<insert number and title>>).

**IRB Program Staff**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**14. Verification by NYSDOH IRB:**

This specimen request is consistent with the objectives of this study (<<insert number and title>>):

\_\_\_\_\_

Study last approved by IRB on (date): \_\_\_\_\_

**IRB Program Staff**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**15. Approval of Request for Specimens, Newborn Screening Program:**

NBS Program Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**16. Fulfillment Date:**

NBS Program Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

17. Fee: \_\_\_\_\_ 18. Specimen linkage secured date: \_\_\_\_\_

Signature: \_\_\_\_\_