New York State
Department of Health
Wadsworth Center
Specimen Request Form
Public Health Research and/or Test Development

Newborn Screening Form: Pol\_5.5 Version 1.0

Effective Date: July 30, 2012

## NEWBORN SCREENING SPECIMEN REQUEST FORM FOR IDENTIFIED SPECIMENS

<ol> <li>Requestor/Title/Institution:</li> <li>Phone Number:</li> <li>Contact, if different from the Requestor:</li> <li>Contact's Phone Number:</li> <li>Date of Request:</li> <li>Date Required:</li> <li>Number of Specimens:</li> <li>Participants' Information (attach a copy of the signed consent form for each patient)</li> <li>Name Birth Date Gender Hospital of Birth</li> <li>Spot Size/Number of Punches per Infant (one full circle must remain on the card; if the is insufficient blood, the sample is considered ineligible for study):</li> <li>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).</li> <li>Study title / Description / Protocol number / Rationale for request:</li> <li>Requestor Attestation:         <ol> <li>Affirm that the above information is accurate and the requested specimens will be usefor the exempt and/or currently approved IRB study (see #11):</li> </ol> </li> </ol>	(Res	earch / Test Development)			
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## 13. Verification by Requestor's IRB if Requestor's Institution is not NYSDOH

(< <insert and="" number="" title="">&gt;).</insert>	
IRB Program Staff	Title:
Signature:	Date:
14. Verification by NYSDOH IRB: This specimen request is consistent with title>>):	the objectives of this study (< <insert and<="" number="" td=""></insert>
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. Specim	nen linkage secured date: