

NEWBORN SCREENING REQUEST PARTICIPATION FORM

NSQAP offers dried-blood spot (DBS) products in two categories: (1) proficiency testing and (2) quality control (QC). The CDC QCs are to be used externally to your kit/primary QCs at periodic intervals. The CDC QCs should not be used as routine daily QCs.

There is no cost for DBS products and shipping. All packages are shipped by FedEx. Any documents, import permits, fees, taxes, or other costs required by your country for release of your package from Customs are your responsibility.

So you can remain in active status and continue to receive products, you must report data for each product that you request.

Please mark the circle **O** to request products.

DBS Proficiency Testing Panels	
<input type="radio"/>	Hormones + Gal (T4, TSH, 17-OHP, TGal)
<input type="radio"/>	Biotinidase Deficiency
<input type="radio"/>	Galactose-1-Phosphate Uridyltransferase Deficiency
<input type="radio"/>	Amino Acids (Phe, Leu, Met, Tyr, Val, Cit, Arg)
<input type="radio"/>	Succinylacetone (SUAC)
<input type="radio"/>	Acylcarnitines (C0(L), C3, C3DC, C3DC+C4OH, C4, C4OH, C5, C5:1, C5OH, C5DC, C6, C8, C10, C10:1, C14, C14:1, C16, C16OH, C18, C18:1)
Cystic Fibrosis (choose one or both)	
<input type="radio"/>	Immunoreactive Trypsinogen (IRT)
<input type="radio"/>	Mutations Detection DNA (multiple mutations)

DBS Quality Control Materials	
<input type="radio"/>	Thyroxine – T4
<input type="radio"/>	Thyroid-Stimulating Hormone – (TSH)
<input type="radio"/>	17 α-hydroxyprogesterone – (17-OHP)
<input type="radio"/>	Amino Acids (Phe, Leu, Met, Tyr, Val, Cit, Arg), Total Galactose and Succinylacetone (SUAC)
<input type="radio"/>	Acylcarnitines (C0, C2, C3, C3DC, C4, C5, C5OH, C5DC, C6, C8, C10, C12, C14, C16, C16OH, C18)
<input type="radio"/>	Immunoreactive Trypsinogen (IRT)

Please send complete Contact Information (print legibly or type):

Contact Person: _____

Title: _____

Name of Organization: _____

Manufacturer/Distributor of newborn screening test products? Yes No

Street Address: _____

City, State and Zip Code: _____

(If an international Lab, please indicate City, State or Province, Country, Postal Code)

Voice Telephone: _____

Fax Number: _____

E-mail: _____

Please return your completed form by fax, email, or mail to:

Fax Number: (770) 488-4255, csingleton1@cdc.gov

Newborn Screening Quality Assurance Program
Centers for Disease Control and Prevention
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Atlanta, GA 30341-3724 USA