

ATTENTION!

This packet includes important information on new legislative requirements for physicians and healthcare staff involved in newborn screening specimen collections.

Please make sure this information is shared with your Medical Director and/or Administrative Director

Documents Included:

- **Brief summary of new legislation (HB 1672) including healthcare provider responsibilities**
- **Laboratory interim and long term plan to address the new legislation**
- **Example of specimen demographic form with provisional sticker placement**
- **New form “Use and Storage of Newborn Screening Bloodspot Cards” in English and Spanish**

Important Newborn Screening (NBS) Program Changes

NBS Specimen Retention Disclosure, Destruction Option, and Physician Verification Process

HB 1672 (81st Session) includes important new requirements for the Department of State Health Services (DSHS) Newborn Screening Program and newborn screening healthcare providers.

New Legislative Requirements

[see Texas Health and Safety Code Sec. 33.011 (a) - (d)]:

- DSHS must develop a disclosure form that:
 - Informs parents of the allowable uses of the newborn screening bloodspot card after completion of testing, and
 - Provides a method for parents to request the destruction of the bloodspot card(s) after testing, if that is their wish.
- Physicians, or other persons attending the delivery of the newborn, must provide the parent, managing conservator or legal guardian with the written disclosure form developed by DSHS. This document also contains the destruction request form, along with instructions regarding how to send it to the agency.
- DSHS must establish procedures for physicians or persons attending the delivery of the newborn to provide verification to DSHS that the information has been given to the parent, managing conservator or legal guardian.
- The full text of HB 1672 can be found at:
<http://www.capitol.state.tx.us/tlodocs/81R/billtext/html/HB01672F.htm>

The Disclosure Form

- By law, the new form “Use and Storage of Newborn Screening Bloodspot Cards”, #F14-13230, must be provided to parents/managing conservators/legal guardians by the physician or other person attending the birth. This form is already available for download on the DSHS website, in English and Spanish (see <http://www.dshs.state.tx.us/lab/nbsBloodspots.shtm>).
- The disclosure form will also be:
 - Distributed with each new kit order in English and Spanish
 - Sent as part of an informational packet to all submitting facilities
- Healthcare providers should make additional copies or print new forms from the web site as needed.



Use and Storage of Newborn Screening Bloodspot Cards DSHS and Physician Requirements

Immediate Disclosure Form Provision and Verification Process

Effective August 1, 2009, the following interim process will be used until the existing stock of newborn screening collection kits has been depleted:

- The physician or other person attending the birth must ensure that the disclosure form, F14-13230, is given to the parent, managing conservator or legal guardian of the newborn and verify the disclosure information was provided.
- Once the current stocks of collection kits are distributed under this interim process, collection kits that have been redesigned as described in HB 1672 will begin to be distributed. This is expected to be approximately March of 2010.
- DSHS will provide labels with newborn screening collection kit orders or by provider request that are pre-printed with a check box to indicate that the disclosure form has been provided to the parent, managing conservator or legal guardian. For any collection kits currently in stock, healthcare providers will be asked to place the pre-printed label (provided by DSHS) on the lower right portion of the demographic form before sending the specimen back to DSHS for testing. *See attached example.*

NOTE: To request additional labels for collection kits already in stock, please send an email to containerprepgroup@dshs.state.tx.us including the quantity of labels requested, the NBS submitter ID number, and the ship to address.

More Information

For more information on newborn screening specimen storage and parent options:

- Visit <http://www.dshs.state.tx.us/lab/nbsBloodspots.shtm>

For more information regarding the new legislation HB 1672:

- Visit <http://www.capitol.state.tx.us/tlodocs/81R/billtext/html/HB01672F.htm>

To speak to newborn screening staff member, call 1-888-963-7111 Ext. 7333

**NBS Specimen Retention Disclosure for Parents
And Verification of Physician Delivery**

EXAMPLE:

Place sticker here.
Please do not cover the
serial number of the card.

MEDICAID
TEXAS DEPARTMENT OF STATE HEALTH SERVICES Laboratory Services Section CLIA#45D0950524
FORM NBS 3 Rev 08/07 Expires 06/23/2010 Telephone # (800) 252-3023 ext. 7318

CHIP/CHARITY

Please read the instructions on the back of this form before starting. USE BLACK INK. PRINT INFORMATION COMPLETELY, ACCURATELY, & LEGIBLY IN BLOCK CAPITAL LETTERS.

Newborn Screening

MOTHER INFORMATION

Mother's Last Name _____ Mother's First Name _____
Maiden Name _____ Social Security # _____
Mother's Birth Date _____ Medicaid Eligible (1=Yes, 2=No) _____ Medicaid No. _____
Street Address _____ APT. No. _____
City _____ Zip Code _____ State _____
Phone No. _____ Newborn Father's Last Name _____

BABY'S PRIMARY CARE PHYSICIAN INFORMATION

Physician Name (Last, First) _____ NPI No. _____
Street Address _____ Apt. No. _____
City _____ Zip Code _____ State _____
Phone No. _____ Fax No. _____

SPECIMEN REJECTED if NO Date of Collection or NO Newborn's Last Name is provided.

NEWBORN INFORMATION

Newborn's Last Name _____ First Name/Twin A or B _____
Medical Record No. _____ Multiple Birth Order (1-9) _____ Birth Date _____ Military Time _____
Birthweight (gram) _____ Previous Specimen Serial Number _____ Collection Date _____ Military Time _____

Sex	Ethnicity	Status	Test
1. Male <input type="checkbox"/>	1. White <input type="checkbox"/>	0. Normal <input type="checkbox"/>	1. 1" Test <input type="checkbox"/>
2. Female <input type="checkbox"/>	2. Af. Amer. <input type="checkbox"/>	1. Sick/Premature <input type="checkbox"/>	2. 2" Test <input type="checkbox"/>
Feed		2. On Medications <input type="checkbox"/>	3. Previous Abnormal: Enter Texas DSHS Laboratory No. _____
1. Breast <input type="checkbox"/>	3. Hispanic <input type="checkbox"/>	3. Transfused <input type="checkbox"/>	
2. Bottle <input type="checkbox"/>	4. Asian <input type="checkbox"/>	4. Both 1 & 2 <input type="checkbox"/>	
3. TPN ± Milk <input type="checkbox"/>	5. Am. Indian <input type="checkbox"/>	5. Both 1 & 3 <input type="checkbox"/>	
4. Breast/Bottle <input type="checkbox"/>	6. Other <input type="checkbox"/>	6. Both 2 & 3 <input type="checkbox"/>	7. All 1-3 <input type="checkbox"/>

SUBMITTER INFORMATION

NBS ID No. _____ / NPI No. _____
Name _____
Address _____
City _____ TX Zip Code _____



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DSHS Copy

08-0109914

Newborn Screening

- This form is for the collection of a newborn screening specimen.
- Collect the specimen and complete the form according to the instructions on the back of this form.
- SPECIMEN REJECTED** if NO Date of Collection or NO Newborn's Last Name is provided.
- Do not touch the blood collection area of the form.
- DO NOT** remove fold over flap. Cover **DRIED** blood spots with the flap before mailing.



BIOHAZARD

Check to verify disclosure, and destruction option, provided.