

Request for Release of An Individual's Newborn Screening Specimens

All requests for the release of individual residual newborn screening specimens for further testing related to the child in question must be approved by DSHS Laboratory Management and, if necessary, the DSHS Office of General Counsel.

Requirements for Release of Specimens to Physicians or other Healthcare Providers for Further Testing

- A completed *Request for Release of An Individual's Newborn Screening Specimens form* (page 2).
- A completed *Parent Consent Form for Release of DSHS Newborn Screening Specimen* (page 3)
- A preferred courier for shipment of the specimens, with an associated courier account #. A faxed or emailed prepaid shipping label is sufficient.

Requirements for Release of Specimens to Medical Examiners

- A completed *Request for Release of An Individual's Newborn Screening Specimens form* (page 2).
- Formally request release under Texas Health & Safety Code Sec. 33.018(b)(4) by checking the box on page 2 related to a medical examiner conducting an autopsy/inquest of a child as described in that statutory provision.
- A preferred courier for shipment of the specimens, with an associated courier account #. A faxed or emailed prepaid shipping label is sufficient.

Overview of Request Review Process

1. Requestor completes the *Request for Release of An Individual's Newborn Screening Specimens form* (page 2).
2. Requestor submits request form (and parental consent if required) by email to NBSDataRequest@dshs.texas.gov, or faxes to 512-776-7157.
3. DSHS program contact reviews request. The DSHS program contact will serve as the requestor's point of contact throughout the process.
4. If the request meets the requirements, it will be approved. If the requirements are not met, the DSHS program contact will notify the requestor with information on the non-acceptance of the request. The DSHS program contact may consult the DSHS Office of General Counsel for assistance in assessing the request.
5. If the request is approved, the requested specimen(s) will be shipped to the recipient identified in the request form, using the requestor's preferred courier. The DSHS program contact will notify the requestor of approval and shipment.

More Information

- **Questions:**
 - **Email DSHS Newborn Screening Data Request:** NBSDataRequest@dshs.texas.gov
 - **or Call:** 1-888-963-7111 x 7585
- **Fax completed forms to:** 512-776-7157



TEXAS
Health and Human
Services | Texas Department of State
Health Services

**TEXAS DEPARTMENT OF STATE HEALTH
SERVICES**

P.O. Box 149347 • Austin, Texas 78714-9347 • 1-888-963-7111

F14-13561
April 2024

Request for Release of An Individual's Newborn Screening Specimens

**Required Field*

Requestor	Name and Title*:				
	Facility Name:				
	Mailing Address*:				
	City, State, Zip*:				
	Telephone #*:				
	Email Address*:				
Child's Information	Full Name of Child*:				
	Child's Date of Birth*:				
	DSHS Lab Specimen #(s)				
	Full Name of Mother:				
	Mother's SSN				
	Mother's Address & City:				
Request Details	Purpose of Request* <i>(please be specific):</i>				
	Check which newborn screening blood spot card(s) you would like to be released for the child listed above*. <i>(Only a portion of the blood spot card(s) may be released)</i>				
	<input type="checkbox"/>	1 st screen NBS blood spot only	<input type="checkbox"/>	2 nd NBS blood spot only	<input type="checkbox"/>
Shipment Details	Name and Title*:				
	Mailing Address*:				
	City, State, Zip*:				
	Telephone #*:				
	Additional Pertinent Patient Information Requested:				
	Preferred Courier for shipment of specimen(s) (UPS, FedEx, etc.):*		Courier Acct # A faxed or emailed prepaid shipping label is acceptable*:		
Medical Examiners	In addition to completing the form, please check the box below <u>ONLY</u> if you are a medical examiner:				
	<input type="checkbox"/>	Pursuant to Texas Health and Safety Code, Chapter 33, Section 33.018(b)(4) and as a medical examiner, I request a portion of the newborn screening dried blood spot card(s) for the child identified above for further testing.			

Signature (Requestor)

Date



Texas Department of State Health Services

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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Parent Consent Form for Release of DSHS Newborn Screening Specimen

*Parent, Managing Conservator or Guardian, please fill out completely, sign and submit the form below. * Required Field*

I, _____ (please print full name) hereby certify that I am the
 Parent, Managing Conservator, or Legal Guardian (check one) of the child identified below.
 I further certify that there is no court order in effect which restricts my legal ability to make this request. In this capacity, I request and authorize DSHS to release:

Check one*:	Release to the following physician or other healthcare provider*:	
<input type="checkbox"/> 1 st newborn screen blood spot only	Name:	
<input type="checkbox"/> 2 nd newborn screen blood spot only	Address:	
<input type="checkbox"/> Blood spots from the 1 st and 2 nd newborn screen		
<i>Only a portion of the blood spot card(s) may be released.</i>	City, State, Zip	

The purpose of this request for release* (please explain intended use):

Full Name of Child* (please print):		Child's Date of Birth*:	
Date(s) of Specimen Collection:			
DSHS Lab Specimen Number(s):			

Full Name of Mother* (please print):	
Mother's Telephone Number:	
Mother's Address:	
City, State, Zip Code:	

Additional pertinent information.

Contact telephone # and email address:

Signature **Date**

Submit the completed form by mail, fax, or scan and email to:					
Texas Department of State Health Services Newborn Screening Laboratory, MC 1947 PO Box 149347 Austin, Texas 78714-9347	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Fax:</td> <td>(512) 7767157</td> </tr> <tr> <td>Email:</td> <td>NBSDataRequest@dshs.texas.gov</td> </tr> </table>	Fax:	(512) 7767157	Email:	NBSDataRequest@dshs.texas.gov
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Email:	NBSDataRequest@dshs.texas.gov				

For additional information, visit the Texas DSHS Newborn Screening web site at <http://www.dshs.state.tx.us/lab/newbornscreening.shtm> , or call 1-888-963-7111 ext. 7585 with any questions.



Formulario de consentimiento de los padres para divulgar las muestras para las pruebas de detección temprana a recién nacidos del DSHS

Al padre o madre, custodio administrador o tutor: por favor, rellene todo el formulario siguiente, firmelo y entréguelo.

* Campo obligatorio

Yo, _____ (por favor, escriba en letra de molde el nombre completo) por este medio certifico que soy el padre o madre, custodio administrador o tutor legal (marque uno) del niño identificado a continuación. Certifico además que no hay ninguna orden judicial en vigor que restrinja mi capacidad legal para hacer esta petición. En dicha capacidad, solicito y autorizo al DSHS a divulgar lo siguiente:

Marque uno*:	Divulgar al médico u otro proveedor de servicios de salud siguientes*:	
<input type="checkbox"/> Solo la primera prueba de detección temprana por gota de sangre a recién nacidos	Nombre:	
<input type="checkbox"/> Solo la segunda prueba de detección temprana por gota de sangre a recién nacidos	Domicilio:	
<input type="checkbox"/> Las gotas de sangre de la primera y segunda pruebas de detección temprana a recién nacidos		
Solo se puede divulgar una parte de la tarjeta de recogida de gotas de sangre.	Ciudad, estado y código postal	

El propósito de esta solicitud de divulgación*(por favor, explique cuál es el propósito de su uso):

Nombre completo del niño* (por favor, escriba en letra de molde):		Fecha de nacimiento del niño*:	
Fechas de obtención de las muestras:			
Número(s) de identificación de la(s) muestra(s) del DSHS laboratorio:			

Nombre completo de la madre* (por favor, escriba en letra de molde):	
Número telefónico de la madre:	
Domicilio de la madre:	
Ciudad, estado y código postal:	

Información adicional pertinente.	
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Número telefónico y correo electrónico del contacto:	
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Firma	Fecha
Envíe el formulario completado por correo postal o fax, o escanéelo y mándelo por correo electrónico a:	
Texas Department of State Health Services Newborn Screening Laboratory, MC 1947 PO Box 149347 Austin, Texas 78714-9347	Fax: (512) 776-7157 Correo electrónico: NBSDataRequest@dshs.texas.gov

Para obtener información adicional, visite el sitio web del DSHS de Texas para las pruebas de detección temprana a recién nacidos en <http://www.dshs.state.tx.us/lab/newbornscreening.shtm>, o llame al 1-888-963-7111, extensión 7585, si tiene alguna pregunta.