

Dear Parents,

You have received a brochure explaining the **Expanded Newborn Screening Program**.

By state law, all newborns are currently tested for seven medical disorders under the Newborn Screening Program. This screening test is done in the first 1-2 days after birth while your baby is in the nursery, and again at 1-2 weeks of life in your baby's doctor's office. These are rare conditions that can be treated to either prevent the disorder or lessen its severity. Though these disorders are uncommon, it has been determined that this testing in the first 2 weeks of life is both beneficial and cost-effective. It is considered so important, that it is done on all newborns at no cost to the family. If these tests show an abnormality, you are contacted by the hospital or by your doctor's office.

Now there is blood testing for an additional group of very rare disorders. This is called the **Expanded Newborn Screening Program** or sometimes referred to as the **Supplemental Newborn Screening Program**. This supplemental test is not currently required by state law (but may be at some time in the future). At the current time the Expanded Newborn Screening Program is available if parents desire the testing and are willing to pay the \$25 cost of the testing. The doctor in the Newborn Nursery will ask you if you want this Expanded Newborn Screening Program testing done on your baby.

If you want your baby tested for the **Expanded Newborn Screening Program**, your baby's blood will be drawn. The specimen card with your baby's blood on it will be given to you in an envelope addressed to the Biochemical Genetics lab. You will need to mail the blood specimen plus \$25 in cash or check in the envelope as soon as possible. *The testing of your baby's blood specimens will not run until the Genetics lab receives the specimen card and the cash or check for the \$25.* This cost may not be covered by your insurance. The Biochemical Genetics Lab will notify your Pediatrician of the results. Usually, the blood will be drawn with the regular **Newborn Screening Program**, but sometimes it will require a second heel stick to obtain blood.

Please check one of the following:

I wish to have Expanded Newborn Screening done for my baby.

I **do not** wish to have Expanded Newborn Screening done for my baby.

Parent's signature _____

If you wish to have the testing done, fill in the information on the blood specimen card and send it with \$25 cash or a \$25 check payable to UCHSC Biochemical Genetics. Your baby's name, date of birth, date of the blood draw, and pediatrician's name are required information. Mail the specimen card and payment to the following address:

UCHSC at Fitzsimons
Biochemical Genetics Laboratory
Mail Stop 8313
PO Box 6511
Aurora, CO 80045

If you have questions, call:

Robert Binard or Mike Woontner
UCHSC Biochemical Genetics Laboratory
Phone: (303) 724-3826
Email: robert.binard@uchsc.edu
mike.woontner@uchsc.edu
Information Online: www.uchsc.edu/newbornscreening