Print Form

California Department of Public Health
Genetic Disease Screening Program

850 Marina Bay Parkway, F175, Richmond, CA 94804 ● Phone 510/412-1453 ● Fax 510/412-1453

California Newborn Screening Pilot for Severe Combined Immune Deficiency (SCID)

Special Instructions for Repeat Testing

1. **Fill out a regular filter paper Newborn Screening Test Request Form.**
2. **Enter patient information seen below. If Baby has a new name, enter both. Enter Accession Number in place of Physician's Street Address**
3. **On line that says Reason for Test check "**Other**" and enter** SCID Repeat**.**
4. **Collect, via heel stick, at least 2 complete blood spots on filter paper.**
5. **Do *not* collect specimen via a line draw from infants in the NICU.**
6. **Do *not* use capillary tubes.**
7. **Collect and ship Monday through Thursday *only*.**
8. **For specimens collected in the NICU: Please** *send these instructions to your lab***, along with specimen.**
9. DO NOT **send this specimen to the NAPS lab with other NBS specimens.**
10. **Send specimen,** via GSO**, to the** California Genetic Disease Laboratory (GDL).
11. **The GSO address label for GDL, included here, should be attached to envelope, as directed.**
12. **If GSO is not your usual courier, take envelope to nearest GSO drop box, preferably before the last pick-up of the day. GSO drop box locations are available at http://www.GSO.com.**

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Hospital/ Facility Collecting Specimen: _____

Date of Collection: _____

Baby Name: _____ **DOB:** _____

Accession Number: _____ **MRN:** _____

Mother's Name: _____ **Phone #:** _____

Requesting Physician's Name: _____ **Phone #:** _____

***Confirm* the above information with the parent/guardian who brings the baby for the specimen collection.**

There is no charge for this test, which is part of NBS follow-up.

If there are questions or concerns, call Doris Bryant, RN, PNP @ 510-412-1453 or Heidi Lerner, RN @ 510-412-1486.