BIOTRUST ALTERNATE PARENTAL CONSENT - NEWBORN SCREENING **BLOOD SPOT RESEARCH USE**

wiichigan Department of Health and Huma	
Child's Name at Birth	Date of Birth
Newborn Screening Kit Number	Check Birth Order if Multiple Births 1 2 3 4 5
Mother's Name at Time of Child's Birth	Hospital of Birth
Before you sign this form please read, Your Baby's Blood Spots (MDF detail how your baby's blood spots may be used in health research the Health. If you still have questions, please call Michigan Department of (MDHHS) toll free at 866-673-9939. Yes, my baby's leftover newborn screening blood spots may By checking this box, you understand: • After newborn screening, blood spots are coded only with a nual secure site (Biobank). MDHHS can link the coded blood spots specific spots for research. It also allows MDHHS to find the richange your mind. • Researchers only receive coded blood spots. Details that coull provided. • The risk of using blood spots in research is that your baby coullow because many steps are taken to protect privacy. • Research using blood spots must be approved by MDHHS. Blue studies to better understand disease or improve the public's highly birth defects and diabetes. • Many laboratory methods are used to study biological or envirous infectious agents, toxins, and metals. • Blood spot research may not directly help you, your child or you aims to improve the health of communities. • Participation is voluntary. You can call MDHHS at any time if you penalty or loss of benefits for saying no or changing your mind the penalty or loss of benefits for saying no or changing your mind the penalty or loss of benefits for saying no or changing your mind the penalty or loss of benefits for saying no or changing your mind the penalty or loss of benefits for saying no or changing your mind the penalty or loss of benefits for saying no or changing your mind the penalty or loss of benefits for saying no or changing your mind the penalty or loss of benefits for saying no or changing your mind the penalty or loss of benefits for saying no or changing your mind the penalty or loss of benefits for saying no or changing your mind the penalty or loss of benefits for saying no or changing your mind the penalty or loss of benefits for saying no or changing your mind the penalty or loss of benefits for saying	be used for health research. umber and stored up to 100 years at its to your baby. This allows use of ght spots if you or your grown child, id identify you, or your baby, are not all still be identified. This risk is very ood spots can only by used for ealth such as research on cancer, onmental factors such as genes, our family. This type of research you change your mind. There is no december to be used for health research. The blood spots are not improve newborn screening. The december of the province
Parent Signature	Date
Return document(s) via email, biotrust@michigan.gov, fax 517-335-9419, or mail:	
BioTrust Coordinator, Newborn Screening (NBS) Follow-up Program, PO Box 30195, Lansing, MI 48909	
Dio Franti Coordinator, receivant Corocining (1400) i circui apri regiant, i C box 30130, Landing, Wil 40303	

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AUTHORITY: Michigan Public Health Code, Act 368 or 1978 COMPLETION: Voluntary