

DIRECTIVE TO ALLOW RESIDUAL NEWBORN SCREENING BLOOD SPECIMEN TO BE MADE AVAILABLE FOR RESEARCH USE

Michigan Department of Health and Human Services

This Directive applies to samples obtained after May 1, 2010.

Child's Name at Birth	Date of Birth
Child's Current Name	Check Birth Order if Multiple Birth <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
Mother's Name at Time of Child's Birth	Hospital of Birth

Before signing this form read, Your Baby's Blood Spots. It gives details on how small drops of blood (blood spots) collected for newborn screening may be used in research through the Michigan BioTrust for Health. If you have questions, call the Michigan Department of Health and Human Services (MDHHS) toll free at 866-673-9939.

- After newborn screening, blood spots are coded only with a number and stored up to 100 years at a secure site (Biobank). MDHHS can link the coded blood spots to your baby. This allows use of specific spots for research. It also allows MDHHS to find the right spots if you, or your grown child, change your mind.
- Researchers only receive coded blood spots. Details that could identify you, or your baby, are not provided.
- The risk of using blood spots in research is that your baby could still be identified. This risk is very low because many steps are taken to protect privacy.
- Research using blood spots must be approved by MDHHS. Blood spots can only be used for studies to better understand disease or improve the public's health such as research on cancer, birth defects and diabetes.
- Many laboratory methods are used to study biological or environmental factors such as genes, infectious agents, toxins and metals.
- Blood spot research may not directly help you, your child or your family. This type of research aims to improve the health of communities.
- Participation is voluntarily. You can call MDHHS at any time if you change your mind. There is no penalty or loss of benefits for saying no or changing your mind.

By signing below, I voluntarily agree to allow my child's leftover newborn screening blood spots to be used for health research.

Signature of parent, guardian, or other legal representative		Relationship to child	
Printed Name		Date	
Street Address	City	State	Zip Code

***Legal representative** means a parent or guardian of a minor who has authority to act on behalf of the minor, or the individuals from whom the specimen was collected if 18 years or older or legally emancipated.

Return document(s) via: **Email:** biotrust@michigan.gov **Fax:** 517-335-9419 **or**
Post Mail: BioTrust Coordinator, NBS Follow-up Program, PO Box 30195, Lansing, Michigan 48909

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Authority: Michigan Public Health Code, Act 368 or 1978.