D H E C

PROMOTE PROTECT PROSPER

Blood Sample Storage Options
Screening for Inborn Metabolic Errors and Hemoglobinopathies

Child's complete legal name: _____

Child's date of birth: _____

Parent or legal guardian's complete name: _____

Parent or legal guardian's complete address: _____

South Carolina law requires the Department of Health and Environmental Control to store your child's blood sample in a manner required by law. The blood sample is collected on a special piece of filter paper. This is called "newborn screening." The blood is tested to see if your child has one of the "newborn screening " diseases that can cause mental retardation, abnormal growth or even death. After the tests are done, the filter paper is stored in a freezer at the state laboratory. This storage is highly protected, and each sample is held under strict confidentiality. A child's blood sample can only be released for approved research, without any identifying information, to learn new information about diseases. The law allows you to choose one of the options below, if you do not want your child's blood sample handled this way. **However, you are not required to check one of the boxes below.**

- ☐ I want my child's blood sample stored by the South Carolina Department of Health and Environmental Control, but I do not want my child's blood sample to be used for research.
- ☐ I want my child's blood sample destroyed by the South Carolina Department of Health and Environmental Control two years after the date of testing.
- ☐ I want my child's blood sample to be returned to me two years after the date of testing. I understand that it is my responsibility to notify the South Carolina Department of Health and Environmental Control, 2600 Bull Street, Columbia, SC, 29201, of address or name changes.

I have been given the brochure produced by the South Carolina Department of Health and Environmental Control that describes the conditions for which testing is currently available and explains the benefits of testing and blood specimen storage.

Parent: _____ Date: _____

I have given the brochure produced by the South Department of Health and Environmental Control to the parent/legal guardian of the child named above.

Name: _____ Date: _____

DHEC can store your baby's blood sample for special study. Studies help DHEC find out new information about diseases. If a study finds something in your child's blood sample that can help your child, DHEC can confidentially notify you (or your child if he/she is 18 years or older).

IF THIS FORM IS NOT SIGNED BY A PARENT/LEGAL GUARDIAN AND/OR NONE OF THE ABOVE BOXES ARE CHECKED, THE BLOOD SAMPLE WILL BE STORED AS REQUIRED BY SC CODE ANN. SECTION 44-37-30 AT –20 DEGREES CENTIGRADE AND MAY BE RELEASED ONLY FOR CONFIDENTIAL, ANONYMOUS SCIENTIFIC STUDY.

NOTE TO PROVIDERS: The parent or legal guardian is not required to sign this form. However, the person who gives the brochure that explains neonatal testing and blood sample storage to the parent or legal guardian must sign this form.

DHEC 1812 (03/2003) **SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

Instructions

DHEC 1812, Blood Sample Storage Options, Screening for Inborn Metabolic Errors and Hemoglobinopathies

PURPOSE: The Blood Sample Storage Options Form is used to indicate the parent or guardian's choice regarding storage of the child's blood specimen. Health department and other health care provider staff will use it. This form is a legislative mandate of Section 44-37-30, South Carolina Code of Laws.

ITEM BY ITEM INSTRUCTIONS:

Top Section: Print the requested demographic information in the appropriate spaces.

Boxes: The parent or guardian checks the box next to his/her storage choice.

Parent: The parent or guardian signs his/her name and indicates the date in the appropriate space. **The signature of the parent or guardian is only necessary if one of the boxes is checked.**

Name: The person who provided the brochure explaining newborn screening storage, use and testing procedures to the parent or legal guardian signs his/her name and indicates the date in the appropriate space. **The signature of the person who provided the brochure is required.**

SPECIAL INSTRUCTIONS: Attach the original to the back of the Newborn Screening Collection Form (DHEC 1327) if the form is completed at the time the first blood spot specimen is collected.

OFFICE MECHANICS AND FILING: Mail the original to: Newborn Screening, Bureau of Laboratories, SC DHEC, 8231 Parklane Road, Columbia, SC 29223. Forms can be mailed in the same envelopes as the Newborn Screening Collection Forms (DHEC 1327). One copy can be given to the parent or guardian. One copy can be filed under consents at the health department/facility where the form was signed. The form should be retained according to the medical records retention schedule.