

Condition Nomination Form for Addition to Newborn Screening Panel

NOMINATOR

Name

Organization

Affiliation (i.e., health professional, researchers, clinician, advocate)

Address

Email Address

Phone Number

CO-SPONSORS (IF ANY)

Name

Organization

Affiliation (i.e., health professional, researchers, clinician, advocate)

Address

Email Address

Phone Number

Name

Organization

Affiliation (i.e., health professional, researchers, clinician, advocate)

Address

Email Address

Phone Number

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY.

CONDITION BACKGROUND

Date of Nomination _____

Nominated Condition _____

Symptoms and age of onset:

How this disorder is currently identified?

Why should it be screened for at birth?

How is this disorder treated?

Proposed Screening Test Method _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY

PLEASE INDICATE IF THE FOLLOWING STATEMENTS ARE TRUE AND PROVIDE INFORMATION, RESOURCES, OR CONTACTS TO SUPPORT YOUR POSITION

TRUE UNSURE

1. There is support from an appropriate screening facility and the nominated condition is considered feasible to add (i.e., newborn screening lab for blood spot screens and hospitals for point of care screens).

2. Clinical specialist(s) are available, ready to accept referrals, and willing to manage patients found through screening.

3. The nominated condition can be found between 24 and 48 hours of life through screening but cannot be identified clinically in that time frame.

4. There is a screening test available now or expected within 12 months that can be done quickly and is successful in finding affected newborns.

5. There is safe and effective treatment and/or intervention available which provides significant improvement in quality of life when administered early.

6. There is an infantile onset form of this condition (a “Infantile onset form” is one in which symptoms develop under one year of age).

NEXT STEPS:

Submit nomination to:
Health.NSAC@state.mn.us

Or mail to:
Minnesota Department of Health
Newborn Screening Program
Attn: Coordinators of the Advisory Committee
P.O. Box 64899
St. Paul, MN 55164-0899

The committee coordinators will confirm receipt of the nomination and may request further information. Submissions will be reviewed by the Advisory Committee’s Steering Committee for determination of next steps. The committee coordinators will be in contact with you and remain available to you regarding your submission.