

Title: CMV consent form – release of blood spot card	Q Pulse Identifier: CB-NBS-CLN-7
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Page 1 of 1	Owner: L Hamilton

REQUEST FOR RELEASE OF A NEWBORN SCREENING BLOOD SPOT CARD FOR CMV TESTING

Patient details

Name: _____ Date of Birth: _____

NHS number: _____

Address: _____

Statement of health professional

I have explained the requirement for the test to the parent/guardian (please tick)

Signed: _____ Date: _____

Name (print): _____

Job title: _____

Address: _____

Contact Number: _____

Consent from Parent / Guardian

I consent for the release of my child's Newborn Screening blood spot card for CMV testing.

Signed: _____ Date: _____

Name (print): _____

Relationship to Child: _____

Please complete and send to:

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