Procedure for requesting PCR for CMV on a

Dried Blood Spot Specimen in Colorado

updated 11.2021

Ideally, infants at risk for congenital CMV infection will be tested within the first 3-4 weeks of life using saliva or urine PCR. However, if the need for testing is not recognized until after the first month of life, then testing of a newborn blood spot (DBS) can be done. Several labs can do such testing on the DBS. As of fall 2021, specimens from Children's Hospital Colorado (CHCO) and Denver Health are being sent for testing at the ARUP laboratory in Utah.

To obtain the DBS from the Newborn Screening Program (NSP) at the Colorado Department of Public Health and Environment (CDPHE) for CMV testing, the parent or guardian should be informed that the following documents are needed:

1- the CDPHE release form completed by parent and provider (sample attached)

2- a copy of the patient's birth certificate

3- a copy of the parent's Government-issued photo ID

Note that the infant must be under 6 months of age at the time of the request, since by law Colorado DBS samples are discarded after the infant is 6 months old.

Each institution will need to develop a policy for their lab department, to define a workflow for receiving and sending blood spot specimens for CMV testing.

Questions should be directed to:

Greg Bonn

Manager of Operations

Newborn Screening Program

Colorado Department of Public Health and Environment

Email: Gregory.Bonn@state.co.us

Phone: (303) 691-4026

Here is a copy of the release form required by CDPHE:

**RELEASE OF NEWBORN SCREENING BLOOD SPOT CARD**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to collect my child’s newborn screening blood spot card from the Colorado Department of Public Health and Environment.

* I am a parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born on \_\_\_\_\_\_\_\_\_\_\_\_, in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Colorado.
* The Department has in its possession my child’s newborn screening blood spot card to perform the newborn screening required in Sections 25-4-1004 and 1004.5, Colorado Revised Statutes, and such testing is now completed.
* I have been informed by my child’s health care provider of the results of my child’s newborn screening.
* I am providing to the Laboratory Services Division of the Department with the following:
* A copy of my child’s birth certificate, which lists me as a parent of this child, or other document confirming I am the legal guardian, and
* A government-issued photo ID to prove my identity.
* I understand that the Department routinely purges all newborn blood spots after (6) months; however, I wish to collect my child’s blood spot card now.

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Parent/Legal Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name (Please Print) Relationship to Child

ADDRESS WHERE SAMPLE(S) WILL BE SENT TO:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CDPHE NEWBORN LAB USE ONLY:**

[ ] Birth certificate or other document confirming legal guardianship provided naming parent listed above.

[ ] Government-issued identification provided matching name on birth certificate

* Type of ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Newborn screening blood spot card released to parent listed above

* Specimen ID#: **1st**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2nd**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Newborn screening blood spot card NOT released to parent listed above

* Reason for denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Address where sample(s) will be sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NBS Personnel Name (Please Print) Signature Date NBS Title