This form is to gather only required information to complete babies’ newborn bloodspot screen and to comply with GDPR regulations. Amend incorrect details that were recorded by sample taker or in the laboratory and comply with GDPR regulations.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Re: Lab sample no. YY - XXXXXX**

**Baby’s surname:**

**DOB:**

**Baby’s Unique Perinatal Identifier:**

**Address:**

**Hospital of birth:**

**Dear NNBSL please amend the following details on baby noted above:**

**Signed by: PRINT NAME:**

Position: Phone no**:**

|  |
| --- |
| Please forward to:* Secure email info.newbornscreening@cuh.ie
 |

**NOTE:** If attaching additional documentation please ensure it only contains required information

on baby, not mother in order to comply with GDPR regulations, e.g. birth notification not suitable as mums history attached and not appropriate to share outside Maternity unit.

All documents received will be attached to patient record and stored permanently.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lab use only**

Source of error: Lab/LHO/Maternity unit /Other (please **circle)**

Details checked on LIMS: Disclaimer added:

Sample quality checked: Results reviewed:

Amended by: PC action complete:

 Sign: