

NEWBORN SCREENING UNIFORM PANEL

NOMINATION FORM FOR PROPOSED CONDITION

Name of Proponent	<i>(Organization, if relevant)</i>	Date	
Condition			
Type of Disorder			
Screening Method			
Treatment strategy			

CONDITION	Comment
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Gene	Locus	OMIM or other names for disorder
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***Note:** Please reference each statement, listing references below (p.2)

Incidence	(Determined by what method(s): pilot screening or clinical identification?)
Timing of clinical onset	(Relevance of the timing of newborn screening to onset of clinical manifestations)
Severity of disease	(Morbidity, disability, mortality, what spectrum of severity)

TEST	Comment
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Screening test(s) to be used	(High volume method, platform)
Modality of screening	(Dried blood spot, physical or physiologic assessment, other)
Clinical validation	(Location, duration, size, preliminary results of past/ongoing pilot study for clinical validation)
Laboratory performance metrics	(Sensitivity, specificity, detection rate, positive predictive value, false positive rate)
Confirmatory testing	(Reliability, availability)
Risks	(False positives, carrier detection, invasiveness of method, other. Detection or suggestion of other disorders)

NOMINATION OF CONDITION (page 2)

TREATMENT	Comment
Modality	(Drug(s), diet, replacement therapy, transplant, other)
Urgency	(How soon after birth treatment needs to be initiated to be effective)
Efficacy (Benefits)	(Extent of prevention of mortality, morbidity, disability. Treatment limitations, such as difficulty with acceptance or adherence.)
Availability	(Any limits of availability)
Risks	(Potential medical or other ill effects from treatment)

KEY REFERENCES (Specific citations – limit to 15)

1		<p align="center">Submit Nominations to: Michele A. Lloyd-Puryear, M.D., Ph.D. Chief, Genetics Services Branch Division of Services for Children with Special Health Needs Maternal and Child Health Bureau 5600 Fishers Lane, Room 19-A-19 Rockville, MD 20857 301-443-8604 –fax 301-443-1080 - phone</p>						
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		<p align="center">Submission Check list</p> <table border="1"> <tr> <td></td> <td>Cover letter by proponent</td> </tr> <tr> <td></td> <td>Nomination form</td> </tr> <tr> <td></td> <td>Copy of references listed on this form</td> </tr> </table> <p align="center">Contact information (proponent)</p>		Cover letter by proponent		Nomination form		Copy of references listed on this form
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8		REFERENCES (continued)	12					
9			13					
10			14					
11			15					

September 4, 2007