

*(For guardians: PLEASE KEEP THIS SLIP)*

## Notice of Newborn Screening

Congenital metabolic diseases, cretinism and congenital adrenal hyperplasia may, if not properly treated, cause intellectual disability and/or developmental disorders. Such disorders may become evident as babies grow up even if no visible symptoms appear at the time of birth.

Early identification and appropriate treatment of disorders can help children achieve normal, sound development. Therefore, Hokkaido carries out blood sampling tests with the consent of guardian(s), to detect the early stages of disorders.

Screenings are free of charge, though the expenses for blood sampling may be accrued. This has been performed by the Hokkaido Pharmaceutical Association Public Health Examination Center, and commissioned by the Hokkaido Government.

A blood test is carried out 4 to 7 days following a baby's birth at a medical institution, whereby a drop of blood is drawn from the sole of the baby's foot and sent to the examination center. Results are sent back to the medical institution where the blood was sampled in about 15 days. Before their disposal, filter paper used to take blood and the screening data are stored at medical institutions for 3 years and 5 years, respectively.

If a baby requires detailed testing, the center will notify the medical institution which provided the screening and the local public health center which services the jurisdiction of the baby's residence. In this case, the baby's parents/guardians as indicated in the application form may also be contacted for the purpose of confirming that their baby has undergone detailed testing and for the provision of health guidance. Also, the baby's screening data will be stored indefinitely for follow-up and treatment purposes.

Personal information is appropriately treated under the Hokkaido Ordinance for Personal Information Protection.

For those who have read the above description and would like to have their baby undergo a newborn screening, please fill in the form given below and submit it to a medical institution. Please also keep the slip.

It will take approximately 15 days before the test result is delivered to your medical institution. Please receive the result during your child's one-month-old checkup.

\* For queries about the newborn screening system, please contact:

**Maternal and Child Health, Child-raising Support Group, Bureau of Promotion for the Future of Children, Department of Health and Welfare, Hokkaido Government**  
**Phone: 011-231-4111 (ext. 25-770)**

**(For medical institution)**

**Newborn Screening Application Form (Newborn Screening Consent Form)**

Date:        /        /         
          mm        dd        yyyy

Mother's name: \_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Screening institution's name:

\_\_\_\_\_

I have thoroughly read the Notice of Newborn Screening, and would like to ask for a newborn screening test (congenital metabolic diseases, cretinism and congenital adrenal hyperplasia inclusive) for my baby.

Guardian's name	
Baby's date of birth	
Correspondence address (Please specify an address you can be readily reached at.)	Address:  Phone:
Place to stay after leaving hospital (if it differs from the aforementioned address)	Address:  Phone: