



## Condition Nomination Form for Addition to Newborn Screening Panel

\*New Conditions currently under review of the Federal Advisory Committee on Heritable Disorders in the Newborn and Children for addition to the Recommended Uniform Screening Panel (RUSP) will not be reviewed by the Pennsylvania New Condition Nomination Committee. The New Condition Nomination Committee will follow all federal rulings and will not review conditions previously nominated to the RUSP and denied, unless the deficiencies noted by the committee have been resolved.

\*All sections of the Nomination Form must be completed. Incomplete forms will be returned to the Nominator. The New Condition Nomination Committee reserves the right to contact the nominator should additional information be required. Please utilize the space provided within the nomination form and avoid sending attachments.

### NOMINATOR

Name

Organization

Affiliation (i.e., health professional, researchers, clinician, advocate, relationship with affected individual)

Address

Email Address

Phone Number

### CO-SPONSORS (IF ANY)

Name

Organization

Affiliation (i.e., health professional, researchers, clinician, advocate, relationship with affected individual)

Address

Email Address

Phone Number

**PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY.**

**CONDITION BACKGROUND**

Date of Nomination \_\_\_\_\_

Nominated Condition \_\_\_\_\_

Symptoms and age of onset:

How this disorder is currently identified?

Why should it be screened for at birth?

How is this disorder treated?

Proposed Screening Test Method \_\_\_\_\_



5. There is safe and effective treatment and/or intervention available which provides significant improvement in quality of life when administered early.

6. There is an infantile onset form of this condition (a “Infantile onset form” is one in which symptoms develop under one year of age).

**NEXT STEPS:**

Submit nomination to:

[RA-TCNBSAdmin Fax@pa.gov](mailto:RA-TCNBSAdmin_Fax@pa.gov)

Or mail to:

Pennsylvania Department of Health  
Newborn Screening and Follow-up Program  
Attn: Coordinators of the New Condition Nomination Committee  
625 Forster St. 7th Floor  
Harrisburg, PA 17120

The new condition nomination committee coordinators will confirm receipt of the nomination and may request further information. Submissions will be reviewed by the new condition nomination committee for determination of next steps within 60 days of receipt of the Nomination Form. Nominated conditions that receive initial subcommittee approval will be presented to the Pennsylvania Newborn Screening and Follow-up Technical Advisory Board for review and final approval. The new condition nomination committee coordinators will be in contact with you regarding the outcome of your nomination.