



Sickle Cell Anemia Gene Carrier Status Request Form Québec Newborn Blood Screening Program

To obtain a child's sickle cell anemia gene carrier status, fill out all sections of this form, which is used to identify the child. Please ensure that you provide a return address. The screening result will be mailed to you within 60 days following receipt of your application.

1. Information about the child

First name: _____ Last name: _____

Date of birth: _____
Day / Month / Year

2. Place of birth

Institution: _____ City: _____

3. Information about the mother

First name: _____ Last name: _____

4. Information about the father

First name: _____ Last name: _____

5. Name of applicant

First name: _____ Last name: _____

Mother ☐ Father ☐ Child (must be at least 14 years old) ☐ Guardian (provide legal proof) ☐

Attending physician ☐ Code number: _____

6. Return address for result

Mailing address where result letter is to be sent:

Number / Apt. _____ Street _____ City _____ Postal code _____
State choice of language for result French ☐ English ☐

7. Signature of applicant: _____

Date of application: _____
Day / Month / Year

You may submit the completed form in any of the following ways:

- Mail:
Programme québécois de dépistage néonatal sanguin
CHU de Québec – Hôpital Saint-François d'Assise
10, rue de l'Espinay, local A2-115
Québec (Québec) G1L 3L5
- Fax: 418-525-4595
- Email: depistage.neonatal@chudequebec.ca

If you have any questions, please call the following toll-free telephone number: 1 855 654-2103.

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