SoundGene panel please complete all of the following steps: 1. Call the Newborn Screening program at (402) 471-6558 to request that the laboratory hold the DBS specimen until you submit the enclosed Requisition. 2. Have the parent/guardian complete and sign the first section of the Requisition. 3. Select option of retrieval, or SoundGene Panel. Fill in your name and address, sign and date the bottom section of the Requisition. 4. Fax the Requisition to Revvity Omics, Attention: Susan Felinczak at 412-220-0784. Email the Requisition to RevvityGenetics.Information@revvity.com 5. Call Susan Felinczak at 412-220-2300, ext 2064887 to confirm the receipt of the fax. 6. Mail the original Requisition to: Revvity Omics, Inc. 250 Industry Drive Suite 400 Pittsburgh, PA 15275 Parent/Guardian Authorization e ______ to use my child's residual dried blood (Name of Physician or Health Care Provider) I authorize spot specimen from the newborn screening laboratory, for further clinical/diagnostic testing. I understand if retrieved, any remaining specimen following this testing will be returned to the newborn screening laboratory to be destroyed. : _____Date: _____ (Parent/Legal Guardian Signature) Child's Name: Date of Birth: / / Place of Birth: Mother's Name: □Please retrieve and ship the residual dried blood spot to me at this address: ☐ Run the SoundGene Panel OR ☐ Run Screen for CMV Please print: Name: Address:_____ Address: City/St./Zip: The above form signed by the infant's parent/legal guardian authorizes the release of the residual dried blood spot to me for further clinical/diagnostic testing. The infant's identifying information is: Infant's Name in Hearing Screening System Infant's Name on Dried Blood Spot Filter Paper: Date of Birth: Filter Paper number: Place of Birth: Mother's Name: Signed: Date: Physician or Health Care Provider

If you choose to request retrieval of this infant's dried blood spot (DBS), OR requisition the