



Florida Sickle Cell Registry Infant Opt-Out Form

Florida's Sickle Cell Registry established in §383.147(2)(a), Florida Statutes, requires a newborn or an infant identified as having sickle cell disease or trait to have the results of such screening included in a sickle cell registry (SCR). The purpose of the registry is to monitor trends in diagnosis, treatment, and healthcare access for those living in Florida who have been identified with sickle cell disease and sickle cell trait.

If you are the parent/legal guardian of an infant up to six months of age and do not wish to have your child included in Florida's Sickle Cell Registry, please complete this form, and mail it to the address below or visit <https://floridanewbornscreening.com/parents/sickle-cell-registry/> to complete online. If you have questions, please contact the Newborn Screening Program at 850-245-4201.

Patient's Information

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Gender at Birth: Male Female Unknown

Mother's First Name: _____ Last Name: _____

Mother's Maiden Name: _____

Address 1: _____

Address 2: _____

City/State/Zip Code: _____

Phone Number: () _____ - _____

Parent/Legal Guardian

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Gender at Birth: Male Female Unknown

Address 1: _____

Address 2: _____

City/State/Zip Code: _____

Phone Number: () _____ - _____

Email (Optional): _____

By signing this opt-out request, I confirm that I am the parent/legal guardian of the child named above and request to have the above-named child's information not be included in the Florida SCR.

Name (Print)

Name (Signature)

Date: ____/____/____

Please mail the signed form to:

Florida Newborn Screening Program
Division of Children's Medical Services
Florida Department of Health
4052 Bald Cypress Way, Bin A-06
Tallahassee, FL 32399-1707
Attn: Sickle Cell Registry