



Florida Sickle Cell Registry Infant Opt-Out Form

Congratulations on your new baby! As a parent or legal guardian of a baby identified with sickle cell disease or sickle cell trait through the Florida Newborn Screening (NBS) Program, you can decide if you want your baby included in Florida's Sickle Cell Registry (SCR).

Section 383.147(2)(a), Florida Statutes, requires the NBS to submit a newborn's results identifying the newborn as having sickle cell disease or trait for inclusion in SCR. The purpose of the registry is to monitor trends in diagnosis, treatment, and health care access for those living in Florida who have been identified with sickle cell disease or trait.

You can opt-out of the Florida SCR by completing this form and mailing it to the address below, or by visiting floridanewbornscreening.com/parents/sickle-cell-registry/ to complete the form online. If you have questions, please call 833-956-0324 or email SCRRegistryoptout@flhealth.gov.

If your child was previously included in the SCR, and as the parent or legal guardian you would like to remove them, please email the SCR at info@scdregistry.org or call 844-446-5744 for additional information.

Infant's Information	
First Name: _____	Middle Initial: ____ Last Name: _____
Date of Birth: ____/____/____	Gender at Birth: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>
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: ____/____/____	
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 infant named above and request to have the above-named infant'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