# Maritime Newborn Screening: Condition Nomination Form

This form is to be used by any individual or organization that would like to submit a request for a new condition to be added to the Maritime Newborn Screening test panel. All submissions will be reviewed by the Maritime Newborn Screening Advisory Committee and/or working groups.

Section 1: Personal Information

**Name(s) of individual(s) nominating the condition:**  Click or tap here to enter text.

(If you are nominating on behalf of an organization,   
individual names are also required) Click or tap here to enter text.

Click or tap here to enter text.

**Contact information:** Name (if multiple above): Click or tap here to enter text.

(If multiple nominators, please choose a representative)

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Are you nominating on behalf of a group or organization?**  Yes  No

If yes, name of the group/organization: Click or tap here to enter text.

* If nominators are part of this organization, please state in what capacity: (e.g., director, member, etc.) Click or tap here to enter text.

If no, briefly describe your motivations for nomination: Click or tap here to enter text.

(e.g., clinician working with patients, personal/family experience)

**Disclosure of any financial interests in nominating this condition:** (complete for each person listed on the form)

Click or tap here to enter text.

Section 2: Condition Information

*There are certain criteria that must be met for a condition to be screened on a newborn screening panel. This section asks for information related to these criteria. Please complete as fully as possible.*

**Condition nominated: Click or tap here to enter text.**

Are there any other newborn screening services, within or outside of Canada, that screen for this condition? (Please list) Click or tap here to enter text.

Are there any support groups for this condition and have they been contacted about this nomination? (Please list groups) Click or tap here to enter text.

What clinical team(s) follow patients with this condition? (e.g., hematology, endocrinology) Click or tap here to enter text.

How do people with this condition typically come to the attention of medical professionals? (e.g., at what age, with what symptoms?) Click or tap here to enter text.

Is there a test to diagnose this condition? If yes, what is the test? Click or tap here to enter text.

Is there a treatment for this condition?  Yes  No (If no, this condition is not eligible for newborn screening)

* Describe the type of treatment: (e.g., specific medications, diet) Click or tap here to enter text.
* Describe the nature of the treatment: (e.g., is it given at home or in a hospital, once or throughout life/at what intervals?) Click or tap here to enter text.
* Describe the access to the treatment: (e.g., covered by drug plans? Travel to another province/country required?) Click or tap here to enter text.
* What are the consequences if the condition is not treated? Click or tap here to enter text.

If you have access to published academic literature, please cite (and/or include the PMID for) the scientific papers most relevant to supporting why the clinical presentation, screening test(s), and treatment(s) for this condition warrant addition to a newborn screening panel: Click or tap here to enter text.

Please write any other comments about this condition or points you would like us to consider: Click or tap here to enter text.

*\*\*Please submit this form by email to* [*MNBSinfo@iwk.nshealth.ca*](mailto:MNBSinfo@iwk.nshealth.ca)

*\*For further questions about Maritime Newborn Screening or the nomination process please call 902-470-2783*

*You will receive an email (or phone) confirmation that your nomination has been received. Review and deliberation by Maritime Newborn Screening takes approximately 6-9 months, and you will be contacted with the final decision.*