

Name		Social security number	Lab number
Para (G and P)	Pregnancy due date	Sample taken (date)	
PREVIOUS RESULTS AND ADDITIONAL INFORMATION SYPHILIS: HEPATITIS B: OTHER HEPATITIS: HIV INFECTION:		MOTHER'S CONSENT FOR RETAINING THE SAMPLE YES <input type="checkbox"/> NO <input type="checkbox"/> NB! Information and the mother's signature (mandatory) at the end of the referral form.	
REFERRING MATERNITY CLINIC/REPLY ADDRESS Name: Address: Telephone:			
NURSE CONTACT INFORMATION Name: Telephone:			
The sample is examined at the laboratory, NO SAMPLING Inquiries: Hepatitis and HIV: Department of Clinical Virology 904, tel: 02 313 964 Syphilis: Department of Clinical Microbiology and Immunology 960, tel: 02 313 2673 REFERRALS: http://www.vsshp.fi/fi/toimipaikat/tyks-sapa/mg/lahetteet/Sivut/default.aspx			

Dear mother (to be),

The blood sample you have now given at the Maternity Clinic will be examined at Tuck Department of Microbiology and Immunology (syphilis), and the Department of Clinical Virology (hepatitis B and HIV). Nearly all syphilis, hepatitis B and HIV infections during pregnancy will be detected by means of this examination. Medical treatment of the mother (syphilis and HIV infection) and vaccination of the child (hepatitis B) will most often prevent the infectious disease that is threatening the life and health of the child.

Participation of nearly all pregnant women in the screening will give a good survey of the prevalence of these infections in our country. At the same time a unique collection of blood specimens will be assembled.

The blood specimens are representative for the whole population and are thus irreplaceably valuable in the scientific research carried out by the National Institute for Health and Welfare in promoting national health and preventing diseases (Act on the National Institute for Health and Welfare 668/2008). If you give your consent to your blood sample being preserved and used in this work, we ask you to sign your consent below.

A preserved specimen may also require examination for personal reasons. The specimen will be available for the examination of any later problems that may be connected with your or your child's health. On request, the National Institute for Health and Welfare will send your specimen for laboratory examination as advised by your doctor.

I consent to / I do not consent to that the National Institute for Health and Welfare can preserve the blood sample I gave today and use it in research aiming at promoting national health, provided that all information regarding my identity will be kept confidential.

Date _____

Signature _____

In printed letters _____