

Newborn bloodspot screening



ဖဲတၢ်ဟံကီၤယၢ်ဆၢကတီၢ်,တၢ်ယိထံသ့ၣ်ညါအကးဖိတၢ်ကဆိးကါအီၤလၢ-

- နကသံၣ်သရၣ်ဖဲတၢ်မၤကွၢ်လိာ်အါထီၣ်တၢ်ချီၤလၢန့ၣ်လီၤ.
- ဖဲထံကီၢ်တၢ်သိၣ်တၢ်သီလိာ်ဘၣ်အီၤအခါ
- ဒၤတၢ်ချီၤတခါလၢတၢ်ယုထံၣ်သ့ၣ်ညါက့ၤတၢ်အိၣ်အူၣ်အိၣ်ချ့အဂီၢ်

နယုထၢနဲသ့,နမ့ၢ်အဲၣ်ဒီးလၢနဖိတၢ်မၤကွၢ်တၢ်ကဆိးကါအီၤလၢတၢ်ယုထံၣ်သ့ၣ်ညါအါထီၣ်အဂီၢ်န့ၣ်လီၤ.

တၢ်ယုထံၣ်သ့ၣ်ညါအံၤတၢ်တဆိးကါနမံၤဘၣ်,မ့တမ့ၢ်တၢ်ကစီၣ်ခူသ့ၣ်အဂၤသ့ၣ်တဖၣ်ဘၣ်.တၢ်ပျဲတၢ်မၤကွၢ်လၢတၢ်ကဆိးကါအဂီၢ်မ့ၢ်ဝဲနီၢ်ကစၢ်တၢ်ဆၢတၢ်,ဒီးတပတုၣ်စ့ၢ်ကိးနဖိအတၢ်ယိထံသ့ၣ်ညါဘၣ်.

ဟ့ၣ်တၢ်ခွဲးတၢ်ယၢ်လၢတၢ်ယိထံသ့ၣ်လၢဖိသ့ၣ်အိၣ်ဖျၢၣ်သီအဆိၣ်

တချုးဒ်လၢတၢ်ဟံးန့ၢ်ဒီးသ့ၣ်အဆိၣ်န့ၣ်,တၢ်ကသံၣ်ကွၢ်နၤလၢကဘၣ်ဟ့ၣ်ဝဲဒၣ်တၢ်ပျဲလၢတၢ်မၤကွၢ်အဂီၢ်လီၤ.

တၢ်ကသံၣ်ကွၢ်စ့ၢ်ကိးနၤလၢနကတဲ "သုမ့တမ့ၢ်တုသ" လပကသုဝဲကးတဘျီအံၤလၢကယိထံတၢ်အဂီၢ်လီၤ.

တၢ်ယိထံကးတဘျီအံၤကလီၤကဲဝဲဒ်အံၤ-

ဖိသ့ၣ်အိၣ်ဖျၢၣ်သီသ့ၣ်တၢ်ယိထံတၢ်ဟ့ၣ်တၢ်ပျဲ
ယဒီးန့ၢ်ဘၣ်ဒီးန့ၢ်ဟံတၢ်ဂ့ၢ်တၢ်ကျိၤလၢတၢ်ဟံပျဲ
လၢဖိသ့ၣ်အိၣ်ဖျၢၣ်သီသ့ၣ်အတၢ်ယိထံအ
လံာ်ခိပူၤန့ၣ်လီၤ.ယဟ့ၣ်အခွဲးလၢယဖိအံၤတၢ်က
ဟံးန့ၢ်အသ့ၣ်လၢတၢ်မၤကွၢ်သ့ၣ်အဂီၢ်လီၤ.

ကသုဝဲတၢ်ယိထံတခါအံၤခံၤတမံၤအဂီၢ်

ယန့ၢ်ဟံလၢတၢ်ဟံးန့ၢ်သ့ၣ်လၢတၢ်ဟံကီၤ
တၢ်မၤကွၢ်သ့ၣ်တခါအံၤအကးအပူၤန့ၣ်တၢ်ကသုအီၤ
တၢ်ချီၤလၢလၢတၢ်ကယုသ့ၣ်ညါဝဲတၢ်အိၣ်အူၣ်အိၣ်ချ့
အဂီၢ်န့ၣ်လီၤ.ယဟ့ၣ်အခွဲးလၢယဖိအသ့ၣ်အံၤတၢ်ကသုအီၤလၢတၢ်တီၢ်
အံၤအဂီၢ်လီၤ.

အဲၣ်ဒီးသ့ၣ်ညါအါထီၣ်

- ကတီၢ်တၢ်ဒီးပုၤကွၢ်ဟုးသးအသရၣ်တဖၣ်
- ကွၢ်ဖဲဝဲးစး www.vcgs.org.au/tests/newborn-bloodspot-screening (မ့ၢ်ဝဲဒၣ်ထဲအဲကလံာ်ကျိၣ်လီၤ)
- ဆဲးကျိး 1300118247
လၢကကတီၢ်တၢ်ပုၤကွၢ်လိာ်တၢ်လၢဘဲးထီၣ်ယိတၢ်လီၤစၢၤလီၤသ့ၣ်အ
ဝဲၤကျိၤတက့ၢ်.



VICTORIAN NEWBORN SCREENING LABORATORY

BIRTH HOSPITAL _____

COMPLETE ALL DETAILS OR USE HOSPITAL LABEL BELOW

Baby's

FULL NAME _____

Mother's

FULL NAME _____

UR _____

Doctor's Name _____

Date of birth / / time 24:00hr

Date of sample / / time 24:00hr

Gestation: weeks Current weight: g Twin 1 2

Breast Feed ☐ Formula Type ☐ TPN ☐ Male ☐ Female ☐

Relevant Clinical / Family History _____

Collector's Name _____

Newborn Screening Consent

I have received and understood the information in the newborn screening brochure. I consent to my baby having blood collected for the newborn screening test.

☐ Yes

☐ No

Secondary Research Use

I understand that blood from stored screening cards can be used occasionally for de-identified health research. I choose to make my baby's blood sample available for this purpose.

☐ Yes

☐ No

Parent Signature: _____