National Newborn Screening and Genetics Resource Center
1912 West Anderson Lane #210
Austin, Texas 78757
Phone: 512-454-6419 FAX: 512-454-6509

Application and Information
Genetics Technical Assistance

This application is to be submitted to the above address by the state health official requesting an unbiased technical review of their state or territorial genetics activities in public health (e.g. Chronic Disease, MCH, etc.) The review will be performed by experts in clinical genetics, public health genetics, public health laboratory management (if appropriate), and quality assurance at no charge to the requesting agency as part of a cooperative agreement between Maternal and Child Health Resources and Services Administration and the National Newborn Screening and Genetics Resource Center (NNSGRC). The usual review involves: 1) a half day verbal program review by appropriate members of the Department's genetics-related program staff (including planning personnel and others with specific program involvement); 2) a physical review of the program facilities by the review team (including laboratory if appropriate); 3) a physical review of 1 or more genetics clinics; 4) meetings with consumers, private and university-based physicians, health department personnel, members of the Genetics Advisory Committee, and other appropriate persons with a vested interest in the system; and 5) an oral exit review. In addition, a formal written report will be submitted to the requesting authority within 6 to 8 weeks following the review. All arrangements for the review will be coordinated between the NNSGRC and the requesting authority upon acceptance of this application.

State or Territory: _____ **Date of Application**: _____
Month/Day/Year

Person Requesting Review: _____ _____
Typed or Printed Name Signature

_____
Official Title

Suggested dates for review (2.5) days: _____

This review will include all aspects of genetics within the public health and related systems. Please verify that all health department personnel considered to have a role in genetics services or activities within the Department have been advised of this request by dating and initialing the verification statement below.

By my initials, I verify that I have properly notified all persons with an interest in, or associated with, the genetics program, of this request for technical assistance, including members of the Genetics Advisory Committee (if one exists).

_____
Initials Date: Month/Day/Year

Questions and Concerns:

In order to give some direction as to what you would like to accomplish from the visit, please attach a letter outlining questions and concerns that you would like the team to address in the final report. You may find it useful to review the paper, *Integration of Genetic Services into Public Health – Guidance for State and Territorial Programs from the National Newborn Screening and Genetics Resource Center,* Community Genetics 2001; 4:175-196. Please be as open and direct as possible. If you would like to discuss issues before sending the written listing, please feel free to contact Dr. Brad Therrell at 512-454-6419. Multiple copies of the final written report with reference material will be submitted to the requesting authority within 6 to 8 weeks following the review visit.

Preliminary Materials:

As background material for the Team, please provide 5 copies of any pertinent materials available (including planning documents, laws, educational materials, block grant information, operations manuals, and budgetary information) at least 2 weeks before the scheduled visit. Please include an organizational chart and preliminary review agenda with this application.