Form Approved OMB No. 0920-0879 Exp. Date 01/31/2021

Newborn Screening Quality Assurance Program

Survival Motor Neuron 1 (SMN1) Exon 7 Analysis in Dried-Blood Spots To Detect Spinal Muscular Atrophy (SMA) Pilot Proficiency Testing Program (Pilot SMAPT)

Note: Any data submission form which is <u>NOT</u> current OR has been altered will <u>NOT</u> be accepted

Proficiency Testing: Pilot PT Program	Issued: June 15, 2020 Data Reporting Deadline: July 10, 2020	Email your complete worksheet to Irene Williams at NSQAPDMT@cdc.gov The phone number is 770-488-7024
NSQAP Laboratory Code:		
Select Method Code from drop-down menu: LDT refers to Lab Developed Test RUO refers to Research Use Only		
If Other selected, YOU MUST list commercial method or describe lab developed test:		
Select DNA Extraction Method from drop-down menu:		
If Other selected, YOU MUST describe:		
	SMN1 assay primer and probe information*	
SMN1 probe sequence including dye and quencher:		
SMN1 forward amplficiation primer sequence:		
SMN1 reverse amplficiation primer sequence:		
	Reference Gene assay primer and probe information	*
Select Reference Gene from drop-down menu:		
If Other selected, YOU MUST specify gene name and symbol:		
Reference gene probe sequence including dye and quencher:		
Reference gene forward amplficiation primer sequence:		
Reference gene reverse amplficiation primer sequence:		

*Input "not available" in the Other secion of each probe category if using a commercially available assays for which this information is not available.

Specimen Number	Analyte	Clinical Assessment Code (Select from Drop-down Menu)	Comment
20P1701	SMN1 Exon 7		
20P1702	SMN1 Exon 7		
20P1703	SMN1 Exon 7		
20P1704	SMN1 Exon 7		
20P1705	SMN1 Exon 7		

Participating laboratories must generate and submit their own results and must not share NSQAP Pilot PT test results or specimens with any other laboratory under ANY circumstance, even if the laboratory normally sends specimens to referral laboratories for routine or confirmatory testing. If participants are found to have falsified or shared results or specimens, the NSQAP committee will convene to discuss response actions for the participant which may include termination from the program.

Use of trade names is for identification only and does not imply endorsement by the Public Health Service, the U.S. Department of Health and Human Services, or the Association of Public Health Laboratories.

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).