



## Newborn Screening Advisory Committee Cost Benefit Criteria Ballot

For each disorder, please indicate whether you believe that the Board of Health's Criteria 5: that the benefits justify the costs of screening is met.

Return this form via email to: [mike.glass@doh.wa.gov](mailto:mike.glass@doh.wa.gov) no later than **March 7, 2008**

Disorder	Yes	No	Unsure	Comments
IVA				
CIT				
HMG				
TFP				
MMA				
ASA				
GA I				
CPT I				
PROP				
LCHADD				
CUD				
TYR I				
BKT				
MCD				