



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
OFFICE OF NEWBORN SCREENING

1610 N.E. 150th Street • Shoreline, WA 98155-9701

www.doh.wa.gov/nbs • Phone (206) 418-5410 • Toll Free 1-866-660-9050 • Fax (206) 418-5415

FROM: Michael Glass, Director
Newborn Screening

RE: Request to Destroy Residual Newborn Screening Specimen

This information is regarding requests for destruction of residual dried blood specimens currently stored at the Washington State Newborn Screening Laboratory. We will honor such requests when made by a parent or legal guardian of a minor patient or the patient, if over 18 years of age. **Upon receipt of a completed copy of the request form below and a photocopy (certified copy is not necessary) of the patient's birth certificate**, the Office of Newborn Screening will make a good faith effort to locate all specimens related to the patient within 60 days. For each specimen located we will:

- Photocopy the front and back of the blood spots.
- Separate the filter paper containing blood spots from the specimen card.
- Destroy the filter paper and blood spots.
- Notify you of all specimens located and destroyed, and the date destroyed.
- File the specimen card with the photocopy of the blood spots, your original written request and, a copy of our notification to you of our action.

If you have questions or require additional information, please feel free to contact our office at (206) 418-5410 or 1-866-660-9050 toll free.

Request to Destroy Residual Newborn Screening Specimens

Use a separate form for each child

Patient's Name _____

Patient's Date of Birth _____

Your Name _____

Your Current Mailing Address:

Street _____

City, State, Zip Code _____

Your Relationship to Patient _____

I request that the identified patient's remaining Newborn Screening dried blood specimens stored by the Washington State Office of Newborn Screening be destroyed.

"I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct":

(Signature)

(Date)

(Place)

Return this form along with a photocopy (a certified copy is not necessary) of the patient's birth certificate to:

Director, Newborn Screening
1610 NE 150th Street
Shoreline, WA 98155