



## Directive to Destroy Newborn Blood Spots and Test Results

This form applies to:

- blood spots collected after July 31, 2014 and the test results obtained from them
- pulse oximetry (critical congenital heart disease [CCHD]) test results obtained after July 31, 2014
- hearing screening test results obtained at any time.

*Parent or guardian: Please read and understand the following before completing and signing this form.*

I, the parent or guardian of the child named below, am directing Minnesota Department of Health Newborn Screening to destroy my child's newborn screening blood spots, the test results obtained from them, and my child's pulse oximetry (critical congenital heart disease [CCHD]) and my child's hearing screening test results stored at the Minnesota Department of Health.

I understand that destroying my child's blood spots will make them unavailable for any future use. I also understand that destroying my child's bloodspot test results, pulse oximetry test results, and hearing screening test results stored at the Minnesota Department of Health may limit future access to them by my family and physicians and may necessitate additional testing.

Name of child:	Birth date:
Hospital or place of birth:	

Parent or guardian signature: \_\_\_\_\_

Parent or guardian printed name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Send completed form to:  
Minnesota Department of Health  
Newborn Screening  
P.O. Box 64899  
St. Paul, MN 55164-0899

Phone: (800) 664-7772  
Fax: (651) 215-6285  
Email: [health.newbornscreening@state.mn.us](mailto:health.newbornscreening@state.mn.us)  
Website: [www.health.state.mn.us/newbornscreening](http://www.health.state.mn.us/newbornscreening)