



Newborn Screening Program

Request to Destroy Blood Spot Sample Card Form

Instructions: Submit completed **(1)** form along with a copy of your child's **(2)** birth certificate and a copy of your **(3)** driver's license or government issued identification to the Newborn Screening Program, PO Box 144710, Salt Lake City, UT 84114-4710. In the case of a legal guardian you must also include evidence of your legal appointment. The UDOH will make a good faith effort to locate and destroy all blood spot sample card(s) related to the identified child within 60 days of receipt of a properly completed request. Form must be signed by both parents or legal custodial parent or legal guardian.

I/We, _____ and _____, hereby certify
Print Parent or Guardian Full Name *Print Parent or Guardian Full Name*

under penalty of law that I/we are/am the (circle one) parent(s) or legal guardian of the child indicated below. I/we further certify under penalty of law that there is no court order in effect that restricts my/our legal ability to make this request. In this capacity I/we am requesting the Utah Department of Health to destroy this child's blood spot sample card(s) following the completion of the newborn screen testing.

Child's Full Legal Name: _____ Date of Birth: _____

Child's Birth Facility: _____

Birth Mother's Full Legal Name: _____

(Parents' or Guardian's Street or Mailing Address)

(City, State, Zip code)

I hereby certify under penalty of law that all the information I have provided herein is true and accurate. I understand that providing false information on this form constitutes a crime in Utah and is punishable as a class B misdemeanor [Utah Code Ann. § 76-8-504 (West 2004)].

Signature of Mother/Parent/Guardian

Date

Signature of Father/Parent/Guardian

Date