

## PROCEDURE FOR NY PARENTS TO REQUEST PARTIAL DESTRUCTION OF BABY DNA - NEW YORK DEPT OF HEALTH \*

From: Victoria A Popson <[vap02@health.state.ny.us](mailto:vap02@health.state.ny.us)>  
To: xxxxxx  
Sent: xxxxxxx  
Subject: Specimen Destruction

Dear xxxxx;

...I am writing you with instructions on having your child's newborn screening specimen destroyed. The written request must include:

1. The infant's name, date of birth, gender, mother's name and any AKA's (also known as), and the name of the hospital of birth along with any other information that as [sic] requested by the Newborn Screening Program in order to insure accurate identification.
2. A clear statement of parental expectations regarding specimen use;
  - a. Specimen usage disallowed for all research purposes
  - b. Specimen usage allowed only under certain circumstances (per parent's request and provision of explanation).
  - c. Specimen destruction.
3. Original signature of both parents.
4. Parental contact information (address/phone number).

The specimen will be pulled from general storage and placed into medical waste. The parent's are notified in writing that the specimen(s) has/have been destroyed. The original request is scanned in to an electronic case file.

### **LIMITATIONS:**

**At all times, one full blood spot is to remain on the card. Requestors are notified by the Director or an appointee that the remaining specimen cannot be released.** [emphasis added]

All written requests should be submitted to:

Michele Caggana, Sc.D., FACMG  
Director, Newborn Screening Program  
New York State Department of Health  
Wadsworth Center  
P.O. Box 509  
Albany, New York 12201-0509

Victoria A. Popson  
Public Health Rep. II  
NYS Dept. of Health  
Newborn Screening Program  
518-473-7552 ext. 07498

**\* NOTE FROM CCHF: Since NY State retains one bloodspot despite parent request for destruction, parents may wish to explicitly request destruction and a prohibition on all uses, including research.**