

I Took My Child Out!

Report to CCHC that Parent Has Directed the Minnesota Department of Health to Remove Genetic Test Results and/or Blood Sample (DNA) from the Government's Results Database and DNA Databank.

(CCHC will tally parent directives and report to legislature)

On _____ *(date)*, I sent to the Minnesota Department of Health (MDH) by email / letter / fax / CCHC collection site *(circle one)* my completed **“Request to Dispose of Newborn Screening Test Results and/or Blood Sample”** form(s). I sent one request for each of my ____ *(number)* children. *(The address/fax/email for MDH are at end of the “Disposal Request” form)*

____ **Keep me informed about the “Parents’ Right to Say No Act”** [2006 MN legislation to require parent permission *before* testing, and provide access to options for private (non-State) testing. Authors: State Rep. Mary Liz Holberg(R)/State Sen. Linda Scheid(D)]. Let me know how I can secure genetic privacy rights in Minnesota—for my children, and for the children of my children.

Signature

Name (PLEASE PRINT)

Relationship to Child

Address

City

State

Zip Code

Phone Number(s)

Email (please print clearly)

You are protecting your child's personal & genetic privacy...and your own!

Mail, Fax or Email (via attachment) THIS ONE-PAGE FORM to:

Citizens' Council on Health Care

1954 University Ave W, Suite 8, Saint Paul, MN 55104

PHONE: 651-646-8935 FAX: 651-646-0100 EMAIL: info@CCHCOnline.org

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OR...Easy Online Submission: Go to <http://www.CCHCOnline.org/itookmychildout.php>