



## Directive to Destroy Newborn Screening Test Results<sup>1</sup> for Adults Tested as Minors

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Hospital of Birth: \_\_\_\_\_

*I understand that:*

Destroying the Minnesota Department of Health's copy of my newborn screening test results will make them unavailable from the Minnesota Department of Health and that my primary care provider and I will hold the only copies of the results.

(Please check the box below to indicate your directive.)

Destroy my newborn blood screening test results stored at the Minnesota Department of Health.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Send completed form to:

Minnesota Department of Health  
Newborn Screening Program  
P.O. Box 64899  
St. Paul, MN 55164-0899

Phone: (800) 664-7772  
Fax: (651) 201-5471  
E-mail: [newbornscreening@health.state.mn.us](mailto:newbornscreening@health.state.mn.us)  
Website: [www.health.state.mn.us/newbornscreening](http://www.health.state.mn.us/newbornscreening)

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<sup>1</sup> The Newborn Screening Program has no newborn screening blood samples archived that were collected before July 1997. The Newborn Screening Program has no mandatorily collected hearing screening results collected before 2007.