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