I am a legal representative* of the child named above. By signing below, I hereby request the Michigan Department of Community Health to destroy my child’s (or my own) blood specimen after newborn screening has been completed. I understand that by destroying this blood specimen, it will NOT be available for any future use including medical, identification, or research purposes.

* “Legal representative” means a parent or guardian of a minor who has authority to act on behalf of the minor, or the individual from whom the specimen was collected if 18 years or older or legally emancipated.

The identity of the person(s) signing this form must be authenticated. Please attach a copy of:
1) the child’s birth certificate and 2) driver’s license, state-issued identification card, or passport of person(s) who signed above. Additional identifying documents may be requested.

Mail completed form with required copies to:
Michigan Department of Community Health
Newborn Screening Laboratory Section
3350 N. Martin Luther King, Jr. Blvd.
P.O. Box 30035
Lansing, MI 48909

The Michigan Department of Community Health is an equal opportunity employer, services, and program provider

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