

# RESIDUAL NEWBORN SCREENING BLOOD SPOT DIRECTIVE

Michigan Department of Health and Human Services

Child's Name at Birth	Date of Birth
Child's Current Name	Check Birth Order if Multiple Birth <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>
Mother's Name at Time of Child's Birth	Hospital of Birth

I am a legal representative\* of the child named above. I am asking the Michigan Department of Health and Human Services (MDHHS) to (check one):

- Destroy **all** remaining blood spots. I understand that by checking this box, **NO** blood spots will be available for any future use including medical, identification, or research purposes.
- Destroy **only** the portion of blood spots stored for research use. I understand by checking this box, one blood spot will be held by MDHHS. I must direct any potential future use including medical, identification or research purposes.
- Store but **not** use blood spots for research after newborn screening is complete. I understand that the blood spots will be kept by the laboratory but not used for research of any kind unless directed in writing by me.

\* **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.

Signature of Parent, Guardian or other Legal Representatives	Relationship to Child		
Print Name	Date		
Street Address	City	Zip Code	Phone Number

If you are asking MDHHS to destroy any blood spots, you must also attach a copy of **the birth certificate** belonging to the person whose blood spots are being destroyed **AND the driver's license, state issued identification card or passport** of the person who signed above.

**Return document(s) via:**

**Email:** [biotrust@michigan.gov](mailto:biotrust@michigan.gov) **Fax:** 517-335-9419 **or**

**Post Mail:** BioTrust Coordinator, NBS Follow-up Program, PO Box 30195, Lansing, MI 48909

*Please note that MDHHS cannot guarantee email security if you choose to submit this form and accompanying documents to the department via email.*

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

**Authority:** Michigan Public Health Code, Act 368 of 1978