



State of Utah
GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Utah Department of Health
Joseph K. Miner, MD, MSPH
Executive Director

Division of Disease Control and Prevention
Heather R. Borski, MPH, MCHES
Division Director

Division of Disease Control and Prevention
Robyn M. Atkinson, Ph.D, HCLD
Director, Utah Public Health Laboratory

Request to Destroy Blood Spot Sample Card Form

I, _____ [please print full legal name] hereby certify under penalty of law that I am the [circle one] **parent or legal guardian** of the child indicated below. I further certify under penalty of law that there is no court order in effect that restricts my legal ability to make this request. In this capacity I am requesting the Utah Department of Health to destroy this child’s blood spot sample card(s) following the completion of the newborn screen testing.

Child’s Full Legal Name: _____ Child’s Date of Birth: _____

Child’s Birth Facility: _____ Birth Mother’s Full Legal Name: _____

(Parents’ or Guardian’s Street or Mailing Address) (City, State, Zip code)

(Signature of mother)

(Signature of father)

(Date)

(Date)

(Signature of legal guardian, if applicable)

(Date)

Include a certified copy of the child’s birth certificate and your current photo identification (driver license, state-issued identification card, or passport; in the case of a legal guardian you must also include evidence of your legal appointment.)

I hereby certify under penalty of law that all the information I have provided herein is true and accurate. I understand that providing false information on this form constitutes a crime in Utah and is punishable as a class B misdemeanor [Utah Code Ann. § 76-8-504 (West 2004)].

Mail original form with required documents to: Utah Department of Health
Newborn Screening Program
P O Box 144710
Salt Lake City UT 84114-4710

The UDOH will make a good faith effort to locate and destroy all blood spot sample card(s) related to the identified child within 60 days of receipt of a properly completed request.



Utah Public Health Laboratory
4431 South 2700 West • Taylorsville, UT 84129-6000
Phone (801) 584-8256 Fax: 801-536-0966
Web: www.health.utah.gov/lab