

Oregon State Public Health Laboratory
7202 NE Evergreen Pkwy. Suite 100
Hillsboro, OR 97225
Phone: 503-693-4100
Fax: 503-693-5602



Residual Bloodspot Specimen Request Form

This form is used to verify the identity of a parent or guardian requesting the release of a laboratory specimen. If this request form is not filled out by the requestor at the Oregon State Public Health Laboratory, it must be notarized in order to be considered. [Notary: Please verify the identity of the person making this request and then forward to the address above.]

Specimens will not be released sooner than 30 days after the test results are reported.

Patient name: _____

Date of birth: _____

Type of test(s): _____

Date of collection: _____

Mother's name and Date of Birth: _____

Requestor name (print): _____

Signature and date: _____

Contact Phone number: _____

If the person making this request is the legal guardian of the patient, please provide proof of guardianship for the request to be valid.

Verification of Identity:

If request is mailed, have the notary seal and date the envelope prior to sending.

If request is made in person, present a government issued picture ID.

ID verified by OSPHL employee: _____ on _____.

Mailing Address: Please provide the mailing address where the specimen will be sent.

Name: _____

Address: _____

City, State, Zip: _____

Notary stamp here: