



State of Utah
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Utah Department of Health
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Division of Disease Control and Prevention
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Division of Disease Control and Prevention
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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.



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