

**New Jersey Department of Health**  
Division of Public Health and Environmental Laboratories  
Newborn Screening Program

**NEWBORN SCREENING BLOODSPOT DESTRUCTION REQUEST FORM**

*Instructions: Please complete every field on this form. The information requested on this form will be matched against the information provided in the data fields on the newborn's specimen collection form. Provide your mailing or email address for use in the event the Department needs to contact you about this request.*

I hereby direct the New Jersey Department of Health Newborn Screening (NBS) Laboratory to destroy the bloodspots from my child's newborn screening request form (IEM-1 and/or IEM-1a).

Child's Last Name		Date of Birth		Sex	Male Female
Mother's First and Last Name				Mother's Zip Code	
Name and Location of Birth Hospital					
Newborn Screening Request Form Number (8 digit number in red located at top of parent copy) (if known)					

I understand that there are numerous critical benefits to my child from allowing the NBS Laboratory to retain bloodspots linked to my child after collection. These benefits include:

- Clarification of false positive or false negative results.
- Use in diagnosis of later onset disorders.
- Testing for the presence of certain markers only present at birth (for which bloodspots are the only source).
- Use if my child becomes missing (the bloodspots may be the only remaining source of material for identification).
- Use in helping to determine the cause of an unexplained death of my child (e.g., SIDS).

Understanding these benefits, I still direct the Department to destroy bloodspots linked to my child. I understand that these bloodspots will be forever destroyed and not retrievable or available for any use, including uses that would be potentially critical to the health and welfare of my child.

Relationship to Child	Parent Legal Guardian*	Print Name	
Current Mailing Address or Email Address of Parent / Legal Guardian			
Date		Parent / Legal Guardian*	(signature)

**\*If legal guardian, please provide photocopy of letters or order of guardianship.**

The completed form can be faxed to 609-530-8373, emailed to [NJNBS.Results@doh.nj.gov](mailto:NJNBS.Results@doh.nj.gov), or mailed to Newborn Screening Laboratory, PO Box 371, Trenton, NJ 08625-0371.

The Department will notify you in writing after bloodspots have been destroyed.