

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

NEWBORN SCREENING BLOODSPOT EXTENDED RETENTION REQUEST FORM

Instructions: Please complete every field on this form. The information requested on this form will be matched against the information provided 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 authorize the New Jersey Department of Health Newborn Screening (NBS) Laboratory to retain the identified bloodspots from my child's newborn screening request form (IEM-1 and/or IEM-1a) for an additional 8 years beyond the Department's standard 2-year retention policy, for a total of 10 years.

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, during the additional 8 years, the Department may continue to use the bloodspots for: (1) routine quality assurance and quality control, and (2) the development of new tests for the detection of additional disorders. I also understand that if one or more of these retained bloodspots is used for purposes of quality assurance, quality control or development of new tests, the bloodspots will be de-identified (i.e., no longer linked to my child).

I understand that these bloodspots will not be:

- Sold to a third party;
- Released to law enforcement without the consent of a parent or legal guardian, except as consistent with the Attorney General's Directive, available at https://www.nj.gov/oag/dcj/agguide/directives/ag-Directive-2024-03_Physical-Blood-Samples.pdf;
- Released in identified form for human-subjects research, unless express, written informed consent is received from a parent or legal guardian; or
- Released in a de-identified form for any public health research, unless consistent with federal statutes and regulations.

I understand that this request is revocable, and that I can therefore still request that any bloodspots linked to my child be destroyed at any time during the 10-year retention period by completing and submitting a Newborn Screening Bloodspots Destruction Request Form.

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, or mailed to Newborn Screening Laboratory, PO Box 371, Trenton, NJ 08625-0371.

All requests will be handled in accordance with Department policies.