



State of New Jersey
DEPARTMENT OF HEALTH

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Commissioner

Newborn Screening Bloodspots Destruction Request Form

I hereby ask 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 Name: _____

Date of Birth: _____

Sex Assigned at Birth (circle one): Male / Female

Birth Mother's Name: _____

Birth Hospital: _____

Birth City: _____

Current Address: _____

Newborn Screening request form number (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 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).
- Use in helping to determine the cause of an unexplained death of my child (e.g., SIDS).

Understanding these disclaimers, I still wish 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 potentially critical to the health and welfare of my child.

Parent / Legal Guardian (print name) Parent / Legal Guardian (signature) Date

The completed form can be submitted online or faxed to 609-530-8373 or emailed to NJNBS.Results@doh.nj.gov.