

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

TRENTON, N.J. 08625-0371

www.nj.gov/health

KAITLAN BASTON, MD, MSC, DFASAM Commissioner

## Newborn Screening Bloodspots Extended Retention Request Form

I hereby ask 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) beyond the 2-year retention policy, for an additional 8 years, for a total of 10 years.

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, during these additional 8 years, these bloodspots may continue to be used 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 one or more of these retained bloodspots that are used for purposes of the quality assurance and quality control and development of new tests may be de-identified (i.e., no longer linked to my child).

I understand that these bloodspots will <u>not</u> 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 <a href="https://example.com/here">here</a>;
- 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 consent is revocable, and that I can therefore still request for any bloodspots linked to my child to be destroyed at any time during the 10-year retention period by completing the form available <a href="here">here</a> .			
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 <a href="mailto:NJNBS.Results@doh.nj.gov">NJNBS.Results@doh.nj.gov</a> .			

All release requests will be handled in accordance with Department policies.