



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 371
TRENTON, N.J. 08625-0371

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

www.nj.gov/health

KAITLAN BASTON, MD, MSc, DFASAM
Commissioner

Newborn Screening Specimen Release Request Form

I hereby authorize the New Jersey Department of Health Newborn Screening (NBS) Laboratory to release a sample of the residual dried blood spot specimen from my child's newborn screening request form to:

Child's Name: _____

Date of Birth: _____

Sex: Male / Female
(circle one)

Birth Mother's Name: _____

Birth Hospital: _____

Birth City: _____

Purpose of release: _____

Parent / Legal Guardian (print)

Parent / Legal Guardian (signature) Date

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

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