



Utah Public Health Laboratory  
 4431 South 2700 West  
 Taylorsville, UT 84129  
 Phone: 801-584-8256 Fax: 801-536-0966  
 newbornscreening.health.utah.gov

**Request to Destroy Blood Spot Sample Card**

I, \_\_\_\_\_ [*please print full legal name*] hereby certify under penalty of law that I am the [*circle one*] **parent or legal guardian** of the child indicated below. I further certify under penalty of law that there is no court order in effect that restricts my legal ability to make this request. In this capacity I am requesting the Utah Department of Health to destroy this child’s blood spot sample card(s) following the completion of the newborn screen testing.

Child’s Full Legal Name: \_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_

Child’s Birth Facility: \_\_\_\_\_ Birth Mother’s Full Legal Name: \_\_\_\_\_

\_\_\_\_\_  
 (Parents’ or Guardian’s Street or Mailing Address) (City, State, Zip code)

\_\_\_\_\_  
 (Signature of mother)

\_\_\_\_\_  
 (Signature of father)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature of legal guardian, if applicable)

\_\_\_\_\_  
 (Date)

**Include:** (1) a copy of the child’s birth certificate, (2) copy of your current photo identification (driver license, state-issued identification card, or passport). In the case of legal guardianship, evidence of legal appointment must be included.

*I hereby certify under penalty of law that all the information I have provided herein is true and accurate. I understand that providing false information on this form constitutes a crime in Utah and is punishable as a class B misdemeanor [Utah Code Ann. § 76-8-504 (West 2004)].*

Send completed form with required documents to: Utah Department of Health  
 Newborn Screening Program  
 P O Box 144710  
 Salt Lake City UT 84114-4710

The UDOH will make a good faith effort to locate and destroy all blood spot sample card(s) related to the identified child in accordance with Utah rule 438-15-17 and within 60 days of receipt of a properly completed request.