

## Request to destroy newborn screening blood spot sample card

I hereby certify under penalty of law that I am the 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 and Human Services (DHHS) destroy this child's blood spot sample card(s) following the completion of the newborn screen testing.

Child's legal name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Child's birth facility: \_\_\_\_\_

Birth mother's legal name: \_\_\_\_\_

Parent or legal guardian's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

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).

Parent or legal guardian signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Include the following documentation with this signed form:

1. A copy of the child's birth certificate.
2. A copy of a current driver license, state-issued identification card, or passport.
3. Evidence of legal guardianship appointment (if applicable).

Send the completed form and required documentation to:

Utah Department of Health and Human Services  
Newborn Screening Program  
PO Box 144710  
Salt Lake City, UT, 84114

DHHS 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 within 90 days of receiving this completed form and required documentation.