



## Parental Revocation of Consent for Extended Storage and Use of Newborn Screening Blood Samples and Test Results

*This form is for use only by parents or guardians of infants screened by the MDH Newborn Screening Program who have provided written consent allowing extended storage and use of newborn screening blood samples and test results.*

*Parent or guardian: Please read and understand the following before completing and signing this form.*

I, the parent or guardian of the infant named below, am withdrawing my previously-given consent for the Minnesota Department of Health Newborn Screening Program to store and use for an extended period my child's newborn screening blood sample and test results.

I understand that by making this choice, my child's blood sample and test results will be destroyed and therefore unavailable for further use, including future medical or forensic identification use.

By exercising this option, I also understand that:

- Because I had previously provided written consent for extended storage and use of my child's blood spots and test results, the MDH Newborn Screening Program may have disseminated my child's blood spots or test results. This dissemination may have occurred on or after the date I provided written consent up to and including the date that my revocation is received by the Newborn Screening Program.
- My child's blood sample will be destroyed within one week of the Newborn Screening Program's receipt of this request or within one week of the standard period, whichever is later.
- My child's test results will be destroyed within one month of the Newborn Screening Program's receipt of this request or within one week of the standard period for test results, whichever is later.

Name of infant:	Birth date:
Hospital or place of birth:	

Parent or guardian signature: \_\_\_\_\_

Parent or guardian printed name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Send completed form to:  
Minnesota Department of Health  
Newborn Screening Program  
P.O. Box 64899  
St. Paul, MN 55164-0899

Phone: (800) 664-7772  
Fax: (651) 215-6285  
E-mail: [newbornscreening@health.state.mn.us](mailto:newbornscreening@health.state.mn.us)  
Website: [www.health.state.mn.us/newbornscreening](http://www.health.state.mn.us/newbornscreening)