



Directive to Destroy Newborn Screening Test Results¹ for Adults Tested as Minors

Name: _____ Date of birth: _____

Hospital of Birth: _____

I understand that:

Destroying the Minnesota Department of Health's copy of my newborn screening test results will make them unavailable from the Minnesota Department of Health and that my primary care provider and I will hold the only copies of the results.

(Please check the box below to indicate your directive.)

☐

Destroy my newborn blood screening test results stored at the Minnesota Department of Health.

Signature: _____

Printed name: _____ Date: _____

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

Website: www.health.state.mn.us/newbornscreening

¹ The Newborn Screening Program has no newborn screening blood samples archived that were collected before July 1997. The Newborn Screening Program has no mandatorily collected hearing screening results collected before 2007.