

Agency of Human Services

Vermont Department of Health

Newborn Screening Program [phone] 802-951-5180 [Toll free] 800-660-4427 [fax] 802-951-1218 healthvermont.gov

Request for and Documentation of Destruction of Newborn Filter Paper Specimen

I request that the Vermont Department of Health Newborn Screening Program (VNBSP) direct the New England Newborn Screening Program (NENSP) to destroy all blood specimens remaining after newborn screening analysis is complete, on the specimen(s) collected on the following baby and submitted to NENSP. A separate form is required for each baby.

Specimen Identification		Sex Male	Female	Not Given	_	
Newbor	n: Date of Birth	If	a multiple birth, bi	rth order (twin #1, #2	2, etc.)	
Last Name		Firs	First Name			
Hospital of Birth			Hospital of Transfer			
Parent: Last name			First Name			
Any add	itional names by wh	nich the baby or	parent may have b	oeen known at the tir	ne of collection:	
Docume	ntation of Parental	Request – both	n must be signed			
Signatur		legal guardian 1				
Signatur		legal guardian 2				
-	re by same individual j exists at the time of t		1 and guardian 2 is (documentation of the c	laim by guardian 1 that	only one legal
	<u>F</u>	or Internal Use	by NENSP Only			
Specime	n ID #	Retrieval Required?	Date of Destruction	Signature	Comm	ents
						_
-	imen(s) or parts of s ng Program.	pecimens on th	e above-named ba	iby remain(s) in the p	oossession of the New	, England Newborn
Printed N	lame	Signature		Date	<u></u>	

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