



**State of Vermont
Department of Health**

280 State Drive
Waterbury, VT 05671-8300
802-863-7200
HealthVermont.gov

Agency of Human Services

Request for Destruction of Newborn Dried Bloodspot Specimen

I request the Vermont Newborn Screening Program and screening laboratory destroy my child's dried bloodspot specimen once all newborn screening tests are complete and the results have been released. I understand that dried bloodspots are generally only retained for one year, and that by destroying it earlier, it will no longer be available for additional testing. If the baby has more than one specimen those will also be destroyed.

Patient Identification

Date of Birth: _____

If a multiple birth, birth order (twin #1, #2, etc.): _____

Last Name: _____ First Name: _____
Sex: Male _____ Female _____ Not Given _____

Hospital or Location of Birth: _____

Hospital of Transfer (if applicable): _____

Parent: Last name _____ First Name _____

Any additional names by which the baby or parent may have been known at the time of collection: _____

Documentation of Parent/Guardian Request

Signature of legal guardian (parent or other): _____

Printed name of legal guardian: _____

Date: _____





Signature of legal guardian (parent or other): _____

Printed name of legal guardian: _____

Date: _____

