



PARENTAL REQUEST FOR DESTRUCTION OF NEWBORN SCREENING SAMPLE

Montana Department of Public Health and Human Services
Public Health Laboratory
1400 Broadway, Room B206
Helena, MT 59601
Telephone: 1-800-821-7284
Fax: 406-444-1802

The Montana Public Health Laboratory will destroy samples collected for newborn screening at the request of the parent or guardian at any time after the initial test is completed if the test results are within a normal range OR after 30 days after testing is complete if the test results are outside the normal range. A government issued photo ID which establishes the identity of the individual making the request must be presented when bringing a request to the Laboratory Services Business Office or to a notary public prior to faxing or mailing a request. This information, as well as the information requested below are required to ensure that your private health information is protected in compliance with HIPAA guidelines.

I understand that my baby's blood is used only for testing related to the conditions outlined in the [Montana Administrative Rule 37.57.3](#) and is not used for any other purpose without my express permission. I also understand that if I elect to have my baby's sample destroyed, no other conditions present at birth, including Cytomegalovirus-linked congenital hearing loss, can be detected.

Please provide the following information:

Newborn's Name _____

Newborn's Date of Birth _____

Mother's Name _____

Street Address _____

City, State, Zip _____

Provider _____

Type of Test _____

Approximate Date
Test performed _____

Signature and Date _____

If Parent or Guardian
Please Print Name _____

A parent or legal designated guardian must present identification or other documentation that establishes the right to have the patient's genetic material destroyed.

Verification of Identity:

If request is mailed or faxed, provide Notary Seal, Date _____
and Signature

If request made in person, identification or other documentation verified by _____

For Office Use Only

Date Request Received _____

Date Request Completed _____

Staff Who Completed Request _____