



**Division of Newborn Screening and Genetics  
Request for Specimen Release Form**

Pennsylvania dried blood spot specimens are kept by the newborn screening laboratory for one year before they are destroyed. For specimen release, please return this completed form to the Department of Health before the child's first birthday via mail or fax:

Pennsylvania Department of Health  
Division of Newborn Screening and Genetics  
625 Forster Street, 7<sup>th</sup> Floor East  
Harrisburg, PA 17110  
Fax: 717-724-6995.

Please provide the following:

- Birth Facility \_\_\_\_\_
- Infant's Date of Birth \_\_\_\_\_
- Infant's Name at Discharge \_\_\_\_\_
- Infant's Sex \_\_\_\_\_
- Mother's First and Last Name \_\_\_\_\_
- Mother's Date of Birth \_\_\_\_\_
- Filter Paper Number (if known) \_\_\_\_\_

By providing my signature below, I allow the release of the dried blood spot specimen to the responsible health care provider or parent/guardian designated below:

Health Care Provider or Parent/Guardian Name: \_\_\_\_\_

Health Care Provider or Parent/Guardian Address: \_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_