



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

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GOVERNOR

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BETHANY L. HAMM
ACTING COMMISSIONER

Request for and Documentation of Destruction of Newborn Filter Paper Specimen(s)

Child Last Name: _____ First Name: _____ AKA: _____
DOB: _____ Place of Birth: _____

Mother Last Name: _____ First Name: _____
DOB: _____ AKA: _____

Documentation of Parental Request:

We/I request the Maine CDC-P Newborn Bloodspot Screening Program direct the New England Newborn Screening Program to destroy all dried blood specimen(s) remaining after screening analysis is complete for the child named above.

Signature of legal guardian (parent or other) 1: _____ Date: _____
Printed name of legal guardian 1: _____

Signature of legal guardian (parent or other) 2*: _____ Date: _____
Printed name of legal guardian 2*: _____

*Signature by the same individual for guardian 1 and guardian 2 is documentation of claim by guardian 1 that only one legal guardian exists at time of signature.

For Internal use:

Maine Newborn Bloodspot Screening authorization of specimen destruction of the following specimens:

Specimen ID	Specimen ID	Specimen ID	Specimen ID

_____ MNBSP Printed Name

_____ MNBSP Signature

_____ Date

Documentation of Destruction

Specimen ID	Date of Destruction	NENSP Signature

No specimen(s) (or parts of specimens) on the above-named baby remains(s) in the possession of the New England Newborn Screening Program or the Maine Newborn Bloodspot Screening Program at this time.

_____ NENSP Printed Name

_____ NENSP Signature

_____ Date

Please note that any subsequent specimens received by the NENSP or the MNBSP, will require further consent.