



# Protecting and Improving the Health of Iowans

Gerd W. Clabaugh, Director

Kim Reynolds, Governor

Adam Gregg, Lt. Governor

## Form to Request Destruction of Residual Newborn Screening Specimen

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent or Guardian(s) Name: \_\_\_\_\_

Name of Child's Primary Health Care Provider: \_\_\_\_\_

Photocopy of Government issued photo identification or notarized verification of identity is attached.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

You may return this signed form to the Iowa Newborn Screening Program at:

Email: [Kimberly.Piper@idph.iowa.gov](mailto:Kimberly.Piper@idph.iowa.gov)

Fax: 515-725-1760

Postal Service: Iowa Department of Public Health  
Center for Congenital and Inherited Disorders  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319-0075

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