

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
11 State House Station  
286 Water Street  
Augusta, Maine 04333-0011  
Tel; (207) 287-8016; Fax (207) 287-9058  
TTY: Dial 711 (Maine Relay)

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

Child Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_ First Name: \_\_\_\_\_ AKA: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Mother Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_ First Name: \_\_\_\_\_ 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.

\_\_\_\_\_ NENSP Printed Name \_\_\_\_\_ NENSP Signature \_\_\_\_\_ Date \_\_\_\_\_  
Please note that any subsequent specimens received by the NENSP or the MNBSP, will require further consent.