

Missouri State Public Health Laboratory
Newborn Screening Laboratory
P.O. Box 570
Jefferson City, MO 65102-0570
573-751-2662

I, _____, as the parent or legal guardian of the child named below, hereby acknowledge that it is standard procedure for the Missouri State Public Health Laboratory to store the remaining newborn screening sample for (5) five years.

The law allows the parent or legal guardian the option of not having their child's remaining newborn screening sample stored or released for study. You may ask the State Laboratory to:

- Return the remaining newborn screening sample to you upon completion of testing
- Destroy the remaining newborn screening sample upon completion of testing
- Store the remaining newborn screening sample for five years, but do not release for study

I have provided all pertinent information below, including my request regarding the remaining sample of the Newborn Screening. Thank you for your prompt attention to this matter.

Return Sample Destroy Sample Store Sample Only (Don't Release for Study)

Baby's Name: _____

Baby's Date of Birth: _____

Mother's First and Last Name: _____

Location of birth: _____
(Facility Name or Home Birth, City)

Are you the Parent or Legal Guardian? Yes No

Current Street Address: _____

Current City, State, Zip Code: _____

Parent/Legal Guardian Signature

Date