

Directive to Remove Residual Newborn Screening Blood Specimen from Possible Research Uses

This form should be completed and signed by the legal representative to request removal from any research uses of the remaining newborn screening blood specimen on the individual named below:*

Child's Name at Birth:	Date of Birth:
Child's Current Name:	Circle Order if Multiple Birth: A B C D E
Mother's Name at Time of Child's Birth:	Hospital of Birth:

<p>I am the legal representative of the child named above. By signing below, I hereby request the Michigan Department of Community Health, after newborn screening has been completed, to not use this child's blood specimen for possible future research. I understand that the specimen will be retained by the laboratory but not used for research of any kind unless directed otherwise in writing by a legal representative.</p>			
Signature of mother, guardian, or other legal representative:		Relationship to child:	
Printed name:		Date:	
Street Address:	City:	Zip:	Phone:
Signature of father, guardian, or other legal representative:		Relationship to child:	
Printed name:		Date:	
Street Address:	City:	Zip:	Phone:

* **“Legal representative”** means the parent or guardian of a minor who has authority to act on behalf of the minor, or the individual from whom the specimen was collected if 18 years or older or legally emancipated.

⇒ Fax completed form to: (517) 335-9776

OR

⇒ Mail to:

Michigan Department of Community Health
 Newborn Screening Laboratory Section
 3350 N. Martin Luther King, Jr. Blvd.
 P.O. Box 30035
 Lansing, MI 48909

Authority:	Michigan Public Health Code, Act 368 of 1978	The Michigan Department of Community Health is an equal opportunity employer, services, and program provider
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