

**MDHHS-6122, REQUESTING RETURN OF RESIDUAL
DRIED BLOOD SPOTS FOR PERSONAL USE**

Michigan Department of Health and Human Services (MDHHS)
(New 3-24)

Purpose: The Newborn Screening (NBS) Program facilitates the release of residual dried blood spots (DBS) to qualified individuals for personal use. The NBS Program is not responsible for the actual testing of the released blood spot, nor does it provide clinical guidance on the use of the blood spot.

Directions: To access residual DBS for personal use, please complete this form. A parent, legal guardian, or an individual that otherwise has legal authority over a child can request that child's residual DBS, or an individual aged 18 years or older can request their own residual DBS. The NBS Program requires government issued identification to verify that the requestor is legally entitled to the return of residual DBS. Requests will only be fulfilled when the following items are submitted:

1. Completed form
2. Copy of requestor's government issued ID (e.g., driver's license or passport)
3. Copy of birth certificate for person whose DBS will be released
4. In scenarios where the requestor is not named on the individual's birth certificate, additional documentation may be requested.

SECTION 1 – CHILD INFORMATION

Child's Name at Birth	Date of Birth
Child's Current Name	Check Birth Order of Multiple Birth <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
Mother's Name at Time of Child's Birth	Hospital of Birth

SECTION 2 – SHIPPING AND BLOOD SPOT INFORMATION

Receiving Person's Name			
Street Address	City	State	Zip Code
Phone Number for Receiver	Email Address for Receiver		
Specify amount of residual blood spots needed to fulfill the request			
<input type="checkbox"/> All remaining blood spots	<input type="checkbox"/> One full blood spot	<input type="checkbox"/> Other amount	

SECTION 3 – SIGNATURES

Signature of Parent, Guardian, Legal Representative or Self	Relationship to Child
Print Name	Date

Return the completed form to the NBS Follow-up Program via

Email: newbornscreening@michigan.gov

Fax: 517-335-9419

Post Mail: NBS Manager, NBS Follow-up Program, PO Box 30195, Lansing, MI 48909

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