

# MDHHS-5683, RESIDUAL NEWBORN SCREENING BLOOD SPOT DIRECTIVE

Michigan Department of Health and Human Services (MDHHS)

(Revised 9-22)

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## SECTION 1

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Child's Name at Birth

Date of Birth

Child's Current Name

Check Birth Order if Multiple Birth

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

Mother's Name at Time of Child's Birth

Hospital of Birth

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I am a legal representative\* of the child named above. I am asking the MDHHS to (check one):

- Destroy **all** remaining blood spots. I understand that by checking this box, **NO** blood spots will be available for any future use including medical, identification, or research purposes.
- Store but **not** use blood spots for research after newborn screening is complete. I understand that the blood spots will be kept by the laboratory but not used for research of any kind unless directed in writing by me.

\* **Legal representative** means a 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.

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## SECTION 2

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Signature of Parent, Guardian or other Legal Representative

Relationship to Child

Print Name

Date

Telephone Number

Street Address

City

State

Zip Code

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## SECTION 3

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If you are asking MDHHS to destroy blood spots, you must also attach a copy of the birth certificate belonging to the person whose blood spots are being destroyed AND the driver's license, state issued identification card or passport of the person who signed above.

**Return document(s) via:**

**Email:** [biotrust@michigan.gov](mailto:biotrust@michigan.gov) **Fax:** 517-335-9419 or

**Post Mail:** BioTrust Coordinator, NBS Follow-up Program, PO Box 30195, Lansing, MI 48909

Please note that MDHHS cannot guarantee email security if you choose to submit this form and

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

**AUTHORITY:** Michigan Public Health Code, Act 368 of 1978