



PARENT/GUARDIAN REQUEST FOR RELEASE OR DESTRUCTION OF NEWBORN SCREENING BLOOD SPOT CARD(S)

Please print clearly

1. Patient Information

- Child's Name at birth: _____
- Date of Birth (dd/mm/yyyy): ___/___/_____
- Health Card Number: _____
- Mother's Name (at time of child's birth): _____

2. Authorization for Release/Destruction of Blood Spot Card(s):

I. Parent/Guardian Information:

Check here if you are the sole guardian for the child indicated above

Last name First name

Signature Date (dd/mm/yyyy) Location

ID provided: _____ Number: _____

I warrant that the above information is true and accurate.

II. Additional Parent/Guardian Information:

Last name First name

Signature Date (dd/mm/yyyy) Location

ID provided: _____ Number: _____

I warrant that the above information is true and accurate.

Notarization/Commissioning

Subscribed and affirmed or sworn to before me this _____ day of _____, 20__ in
_____ (city), _____ (province).

Signature of Notary Public/Commissioner of Oaths:

Name of Notary Public/Commissioner of Oaths:

Affix Notary Seal/Commissioner Stamp if appropriate





- I/We wish to have our child's newborn screening blood spot card(s) DESTROYED
- I/We wish to have our child's newborn screening blood spot card(s) RELEASED TO US

Parent/Guardian Initial: _____
 Additional Parent/Guardian Initial: _____
 Notary/Commissioner Initial: _____

NSO recommends that samples are stored until a child is five years of age. If your child is under the age of five and you still wish destruction or release of the sample(s), this request will be honoured.

Parent/Guardian Initial: _____
 Additional Parent/Guardian Initial: _____
 Notary/Commissioner Initial: _____

3. Parent/Guardian Address (address to which blood dot card(s) will be sent OR confirmation of sample destruction will be sent)

I. _____
 Street Number Street name Unit number

 City Province Postal Code

FOR NSO USE ONLY

Specimen Information

	Accession Number	Date of Collection dd/mm/yyyy	Submitting Hospital / Midwifery Practice / HCP
1			
2			
3			

Specimen barcode confirmed by:

 Signature Print Name Date(dd/mm/yyyy)

The above specimen(s) was/were Destroyed by:
 Released

 Signature Print Name Date(dd/mm/yyyy)

Approval provided by*:

 Print Name Signature Date(dd/mm/yyyy)

* specimen destruction or release requires the approval of the Program Director

