Division of Newborn Screening and Genetics
Request for Specimen Release Form

Pennsylvania dried blood spot specimens are kept by the newborn screening laboratory for one year before they are destroyed. For specimen release, please return this completed form to the Department of Health before the child’s first birthday via mail or fax:

Pennsylvania Department of Health
Division of Newborn Screening and Genetics
625 Forster Street, 7th Floor East
Harrisburg, PA 17110
Fax: 717-724-6995.

Please provide the following:

- Birth Facility _________________________________________________________________
- Infant’s Date of Birth _______________________________________________________
- Infant’s Name at Discharge ___________________________________________________
- Infant’s Sex _______________________________________________________________
- Mother’s First and Last Name _________________________________________________
- Mother’s Date of Birth ______________________________________________________
- Filter Paper Number (if known) ______________________________________________

By providing my signature below, I allow the release of the dried blood spot specimen to the responsible health care provider or parent/guardian designated below:

Health Care Provider or Parent/Guardian Name: ______________________________________
Health Care Provider or Parent/Guardian Address: ____________________________________
Contact Number: __________________________________________________________________
Printed Name of Parent: _________________________________________________________
Parent or Guardian Signature: ___________________________ Date: ________________