



**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: _____