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: Dr. Michael Gelb

Health Care Provider or Parent/Guardian Address:

Dept. of Chemistry, Campus Box 351700, 36 Bagley Hall, University of Washington
Seattle, WA  98195

Contact Number: 206-543-7142

Printed Name of Parent:

_______________________________________________________________

Parent or Guardian Signature: _____________________________________

Date: ______________