

Department of Health and Human Services Maine Center for Disease Control and Prevention Children with Special Health Needs Maine Newborn Bloodspot Screening Program 286 Water Street, Augusta, Maine 04333-0011 Tel.: (207) 287-5357; Fax: (207) 287-4743 TTY Users: Dial 711 (Maine Relay)

REQUESTING DESTRUCTION OF A MAINE NEWBORN BLOODSPOT SCREENING PROGRAM (MNBSP) FILTER PAPER SPECIMEN

The primary use of filter paper specimens is for the processing of newborn screening tests. Residual filter paper specimens may be used for further testing if a child has health problems in the future. The newborn bloodspot specimen may be uniquely helpful in the diagnostic process because it was taken within the first few days of life. Please see <u>https://www.babysfirsttest.org/newborn-screening/what-happens-to-the-blood-sample</u> for additional information on the benefits of retaining residual filter paper specimens in the laboratory.

Maine filter papers are processed and stored at the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The NENSP destroys specimens on a quarterly basis (usually January, April, July, and October). Specimens are saved for at least one year after a child's birthday. A specimen will be destroyed during the first quarter after the infant turns 1 year old. The NENSP contracts with a company that provides onsite destruction of biohazardous waste.

Requests for destruction of the filter paper specimen may be initiated by parents/guardians, the child's health care provider, or adult individuals. The process for destruction of the filter paper specimen is as follows:

- 1. Download these instructions and the attached form.
- 2. Fill out the parent and provider parts of the form and fax to the MNBSP at 207-287-4743.
- 3. The MNSP will fill out the program parts of the form and send to the laboratory where the specimens are stored.
- 4. The NENSP will contact the MNBSP when the specimen has been destroyed, and you will be notified by mail.

Janet T. Mills Governor

Commissioner

Jeanne M. Lambrew, Ph.D.

Request for and Documentation of Destruction of Newborn Filter Paper Specimen(s)

Child Last	First	AKA:
Name:	Name:	
DOB:	Place of	
	Birth:	
Mother Last Name:	First	
	Name:	
DOB:	AKA:	

Documentation of Parental Request:

We/I request the Maine CDC-P Newborn Bloodspot Screening Program direct the New England Newborn Screening Program to destroy all dried blood specimen(s) remaining after screening analysis is complete for the child named above.

Signature of legal guardian (parent or other 1:	Date:
Printed name of legal guardian 1:	
Signature of legal guardian (parent or other)	Date:
Printed name of legal guardian 2*:	

*Signature by the same individual for guardian 1 and guardian 2 is documentation of claim by guardian 1 that only one legal guardian exists at time of signature.

For Internal use:

Specimen ID	Specimen ID	Specimen ID	Specimen ID
MNBSP Printed Name	MNBSP S	ignature	Date
ocumentation of Destruction Specimen ID	Date of Des	truction	NENSP Signature
Specificit iD			
o specimen(s) (or parts of specimen creening Program or the Maine New		ogram at this time.	C
			,
ease note that any subsequent specime	ns received by the NENSP or the	MNBSP, will require further c	consent.