

**NEWBORN SCREENING LABORATORY**

BC Children’s Hospital  
4480 Oak Street, Room 2F27  
Vancouver, BC V6H 3V4  
Ph:(604) 875-2148 ; Fax: (604) 875-3836



**PLEASE READ CAREFULLY AS THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.**

**Directive to Destroy Leftover Newborn Screening Blood Samples**

**Details of blood sample (so correct card is identified):**

Baby’s name: \_\_\_\_\_ Mother’s name: \_\_\_\_\_  
Baby’s date of birth: \_\_\_\_\_ Baby’s hospital/place of birth: \_\_\_\_\_  
Baby’s Personal Health Number (PHN): \_\_\_\_\_ Mother’s PHN: \_\_\_\_\_

**Details of requestor:**

**Both parents must sign to have the card released unless they attest to being the only parent/legal guardian.**

We/I, \_\_\_\_\_ and \_\_\_\_\_, parents or legal guardians of the baby described above, hereby request the BC Newborn Screening Program to destroy our/my baby’s newborn screening blood spot card. We understand that newborn screening blood spot cards are typically stored by the BC Newborn Screening Program and would be available in the future for any further health-related testing that might be deemed necessary for our child. For example, the ability to diagnose if a disease is congenital or acquired after birth may be limited.

We/I also hereby release the BC Newborn Screening Program, the Provincial Health Services Authority and any of its employees, officers, directors and physicians from any liability whatsoever for destroying this card and for the consequences of not having it available for my/our child’s care in the future.

Date: \_\_\_\_\_

Name (mother/legal guardian): \_\_\_\_\_

Witness name: \_\_\_\_\_

Signature (mother/legal guardian): \_\_\_\_\_

Witness signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (father/legal guardian): \_\_\_\_\_

Witness name: \_\_\_\_\_

Signature (father/legal guardian): \_\_\_\_\_

Witness signature: \_\_\_\_\_

**If one parent/legal guardian:**

I am the only parent/legal guardian of the baby described above.

Parent/Legal Guardian’s signature: \_\_\_\_\_

**Proof of identify MUST be supplied (photocopies only):**

- 1. Baby’s birth certificate; **AND**
- 2. Parent(s) passport photo page or drivers license; **AND**
- 3. If legal guardian, provide proof of guardianship.

For each blood spot card, we will:

- 1. Separate the filter paper containing the blood spots from the blood spot card.
- 2. Destroy the filter paper and blood spots.
- 3. Notify you after the blood spots and filter paper have been destroyed, and the date destroyed.
- 4. File the remaining requisition, your original written request and, a copy of our letter to you.

**Please return form, with photocopies of proof of identity to:**

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BC Children’s Hospital, Department of Pathology  
4480 Oak Street, Room 2F27, Vancouver, BC V6H 3V4