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**Policy #001b**

**Iowa Department of Public Health Center for Congenital and Inherited Disorders**

**Request to Destroy Residual Newborn Screening Specimens by Parent or Guardian**

**I. Overview**

This policy attachment relates to Center for Congenital and Inherited Disorders Policy #0001 “Retention, Storage, and Use of Specimens Residual to Those Collected for Newborn Screening Services.”

This policy attachment addresses a parent or guardian request to have their child’s residual newborn screening specimen destroyed.

**II. Definitions**

**Guardian** - means a person who is not the parent of a minor child, but who has legal authority to make decisions regarding life or program issues for the child.

**Residual newborn screening specimen** - means the portion of the dried blood spot specimen that may be left over after all activities necessary for the Iowa newborn screening program are completed.

**III. Procedure**

After the newborn screening testing and reporting is complete, parents or guardians may request that their child’s newborn screening blood spots be destroyed at any time, provided the specimen has not already been destroyed.

In order to ensure that a newborn’s residual specimen is destroyed only at the request of his or her parent or guardian, the Iowa Department of Public Health has established the following procedure:

The parent or guardian may contact the Executive Officer, CCID, at 1-800-383-3826 or by mail to Center for Congenital and Inherited Disorders, Iowa Department of Public Health, 321 E. 12<sup>th</sup> Street, Lucas State Office Building, Des Moines, IA 50319-0075, and ask for a *Request for Destruction of Residual Newborn Screening Specimen* form.

The parent or guardian must complete the *Request for Destruction of Residual Newborn Screening Specimen* form or a letter of request for destruction and submit to the Iowa Department of Public Health at the following address:

321 E. 12<sup>th</sup> Street, Lucas State Office Building, Des Moines, IA 50319-0075; Attn: Executive Officer, CCID; or fax 515-725-1760.

The form or letter must contain the following and be mailed or faxed to the Newborn Screening Program.

- Child’s name at birth
- Child’s date of birth
- Parent or guardian’s name

- Name of child's primary health care provider
- Manner of obtaining the residual specimen – registered mail or pick up at the State Hygienic Laboratory
- Photocopy of government approved photo ID of parent or guardian, or
- Notarized form indicating verification of identity

Once the request is received the Iowa Department of Public Health will work with the State Hygienic Laboratory to process the newborn's specimen for destruction by incineration. The Executive Officer of CCID will notify the parent or guardian to confirm destruction of the specimen.

Any questions or for guidance on completing the request, call the Iowa Newborn Screening Program at 1-800-383-3826.