

## Protecting and Improving the Health of Iowans

Gerd W. Clabaugh, Director

Kim Reynolds, Governor

Adam Gregg, Lt. Governor

## Form to Request Return of Residual Newborn Screening Specimen

Child's Name:
Child's Date of Birth:
Parent or Guardian(s) Name:
Name of Child's Primary Health Care Provider:
Manner of Obtaining the Residual Newborn Screening Specimen from the State Hygienic Laboratory in Ankeny, Iowa:  Registered Mail Pick up at the Lab Address for mailing residual newborn screening specimen:
Address for maining residual newborn screening specimen.
Photocopy of Government issued photo identification or notarized verification of identity is attached.
Parent or Guardian Signature
Date
You may return this signed form to the Iowa Newborn Screening Program at:  Email: Kimberly.Piper@idph.iowa.gov Fax: 515-725-1760  Page 18 Services - Laws Department of Bublic Health
Postal Service: Iowa Department of Public Health Center for Congenital and Inherited Disorders 321 E. 12 <sup>th</sup> Street Des Moines, IA 50319-0075

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