



Department of Health and Human Services
Maine Center for Disease Control and Prevention
Children with Special Health Needs
Newborn Screening Programs
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 (MNBSPP) 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 <https://www.babysfirsttest.org/newborn-screening/what-happens-to-the-blood-sample> 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. If requested, 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 or email to the MNBSPP at 207-287-4743 or mch.cdc@maine.gov.
3. The MNBSPP 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 MNBSPP when the specimen has been destroyed, and you will be notified by mail.



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

Child Last Name: _____ Child First Name: _____

DOB: _____ Birth Hospital: _____

Mother Last Name: _____ Mother First Name: _____

Documentation of Legal Guardian Request – both must be signed

We/I request the Maine CDC Newborn Bloodspot Screening Program direct the New England Newborn Screening Program to destroy all dried blood specimen(s) according to the policy described above – on a quarterly basis in the first quarter after the child turns one year old.

Signature of Legal Guardian #1: _____ **Date:** _____

Printed Name of Legal Guardian #1: _____

Signature of Legal Guardian #2: _____ **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 Only

Specimen ID	Retrieval Required	Date of Destruction

Maine NBS Signature Printed Name Date

No specimen(s) or parts of specimens on the above-named baby remain(s) in the possession of the New England Newborn Screening Program.

New England NSP Signature Printed Name Date