



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)

REQUEST FOR NEWBORN BLOODSPOT SCREENING RESULTS

Please complete this request form to retrieve results from a newborn bloodspot test performed in the State of Maine and send it via one of the following ways to the Maine Newborn Screening Program: Mail (11 SHS-7th Floor, 286 Water Street, Augusta, ME 04333-0011); fax (207-287-4743), or email (mch.cdc@maine.gov).

Name of Patient at Time of Birth: _____ Date of Birth: _____

Single Birth? ☐ Yes ☐ No If No, birth order: _____ (Example: Twin B)

Location of Birth (must be in Maine): Hospital or Birthing Center or other: _____

Mother's Name at Time of Patient's Birth: _____

Select The Method Preferred for Maine CDC to Return Newborn Bloodspot Results*:

☐ Fax number: _____ Phone number for receiver if fax fails: _____

☐ Mailing Address via US Postal Service:

Name: _____
Street or PO Box: _____
Town _____ State _____ Zip _____

☐ Email: _____

☐ *I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability in accordance with Maine statute at 17-A MRS § 453.*

Signature

Printed Name

Date

Parent or legal guardian must sign if the subject of the newborn bloodspot test is younger than 18 years old

*If you wish for results to be sent to someone other than the person signing this form, then you must complete the Authorization to Release Information Form:

https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/authorization-release_0.pdf