



Qajeelfama Tuqaa Dhiigaa fi/ykn Bu'aa Qormaata Sakatta'iinsa

Directive to Destroy
Blood Spots and/or Newborn Screening Test Results

Ormo

Odeeffannoo fayyaa eegumsa qabu afaan hiikuuf heyyama kennuu

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REV 01/2025

Maqaa Daa'ima (jalqabaa fi xumuraa):

Child's name (first & last):

Guyyaa Dhalootaa:

Birth date:

Maqaa Haadha Dhalootaa (jalqabaa fi xumuraa):

Birth mother's name (first & last):

Hospitaalaa ykn bakka dhalootaa:

Hospital or place of birth:

Unkaan kun kanneen armaan gadii ilaallata: *(Maaloo kan ilaallatu hundailaalaa)*

This form applies to: (Please check all that apply)

Saamuda(wwan) tuqaa dhiigaa
Blood spot specimen(s)

Bu'aan qorannoo hunda (tuqaa dhiigaa, dhageettii, fi oksimeetrii dha'annaa onnee)
All test results (blood spot, hearing, & pulse oximetry)

Warra ykn guddiftuu(wwan): maaloo unka kana guutuu fi mallatteessuu dura kanneen armaan gadii dubbisaa hubadhaa. Parent(s) or guardian(s): please read and understand the following before completing and signing this form.

Ani, warri ykn guddiftuu daa'ima armaan gadii maqaan isaa ibsame, Sagantaa Sakatta'iinsa Daa'ima Reefuu Dhalate Minnesota Department of Health (MDH) saamuda dhiiga daa'ima koo fi/ykn bu'aa qorannoo, bu'aa oksimeetrii dha'annaa onnee, fi bu'aa qorannoo dhageettii akka armaan olitti ibsametti Minnesota Department of Health keessatti kuufame akka balleessu qajeelfama kanaan qajeelcha.

Saamuda(wwan) tuqaa dhiigaa mucaa koo balleessuun gara fuulduraatti itti fayyadama kamiifuu akka hin argamne akka taasisu nan hubadha. Bu'aa qorannoo daa'ima kootii kan Minnesota Department of Health keessatti kuufame balleessuun gara fuulduraatti maatiin koo fi ogeeyyiin kunuunsa fayyaa akka hin arganne ni daangessa.

Maqaa maatii ykn guddistuu ple (jalqabaa fi xumura):

Parent or guardian printed name (first & last):

Mallattoo maatii fi guddistuu:

Parent or guardian signature:

Guyyaa har'aa:

Today's date

Hariiroo daa'ima waliin:

Relationship to child

Teessoo limeelii

Mailing Address

Sarara Teessoo 1:

Address line 1

Teessoo Daandii, maqaa dhaabbataa, c/o

Or-Street address, company name, c/o

Sarara Teessoo 2:

Address line 2

Magaalaa:

City

Biyya/Godina/Naannoo:

State/Province/Regions

Koodii ZIP/Postaa:

ZIP/Postal code

Lakkoofsa bilbilaa:

Phone number

*Sababa Haaromsa Fooyya'iinsa Laaboraatoorii Kilinikaalaa (CLIA) - dambiiwwan qorannoo laabraatoorii bulchuuf itti gaafatamummaa qaban - Minnesota Department of Health bu'aa qorannoo waggaa lamaaf qabachuu qaba. Tuqaawwan dhiigaa goge yeroo itti balleeffamu akkasumas guyyaa bu'aan qorannoo itti balleeffamu MDH'n karaa poostaa Ameerikaatiin isin beeksifna.

Unka guutame gara:

Minnesota Department of Health

Newborn Screening Program

P.O. Box 64899

St. Paul, MN 55164-0899

Due to the Clinical Laboratory Improvement Amendments (CLIA) - regulations responsible for governing lab testing - the Minnesota Department of Health is required to keep test results for two years. You will be notified by MDH via US mail upon destruction of dried blood spots as well as the date when the test results will be destroyed.

Lakkoofsa bilbilaa:(800) 664-7772

Faaksii:(651) 215-6285

limeelii: health.newbornscreening@state.mn.us

Marsariitii: www.health.state.mn.us/newbornscreening