**Provincial Health
Services Authority**
Province-wide solutions.
Better health.

PLEASE READ CAREFULLY AS THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.

Release of Leftover Newborn Screening Card

Details of blood sample (so correct card is identified):

Baby's name: _____   Mother's name: _____

Baby's date of birth: _____   Baby's hospital/place of birth: _____

Baby's Personal Health Number (PHN):   Mother's PHN:

_____   _____

Details of requestor:

Both parents must sign to have the card released unless they attest to being the only parent/legal guardian.

We/I, _____ and _____, parents or legal guardians of the baby described above, hereby request the BC Newborn Screening Program to return our/my baby's newborn screening blood spot card. We understand that newborn screening blood spot cards are typically stored by the BC Newborn Screening Program and would be available in the future for any further health-related testing that might be deemed necessary.

We/I also hereby release the BC Newborn Screening Program, the Provincial Health Services Authority, and any of its employees, officers, directors and physicians from any liability whatsoever for the consequences of not having this card available. (Note the card will be autoclaved as blood is considered a biohazard)

Date: _____

Name (mother/legal guardian): _____   Witness name: _____

Signature (mother/legal guardian): _____   Witness signature: _____

Date: _____

Name (father/legal guardian): _____   Witness name: _____

Signature (father/legal guardian): _____   Witness signature: _____

If one parent/legal guardian:

I am the only parent/legal guardian of the baby described above.

Parent/Legal Guardian's signature: _____

Proof of identify MUST be supplied (photocopies only):
1.   Baby's birth certificate; AND
2.   Parent(s) passport photo page or drivers license; AND
3.   If legal guardian, provide proof of guardianship.

Please return form, with photocopies of proof of identity to:
  NEWBORN SCREENING LABORATORY
  BC Children's Hospital, Department of Pathology
  4480 Oak Street, Room 2F27, Vancouver, BC V6H 3V4

Please also bring your proof of identity with you to the BC Children's Hospital Newborn Screening Laboratory when you come to retrieve the card (the lab will contact you when it is ready for pick up).