DEPARTMENT OF HEALTH

PHAB 1/2
HLOOV KHO 01/2025

Lus Qhia los Rhuav Tshem
Cov Kev Kuaj Ntshav thiab/los sis Cov Kev Kuaj Pom Ntawm Kev Tshuaj Xyuas Menyuam Mos

Directive to Destroy

Blood Spots and/or Newborn Screening Test Results

Hmong

Kev tso cai cia tso cov xov xwm kho mob uas muaj kev tiv thaiv rau tus neeg txhais lus

Tus menyuam lub npe (npe thiab xeem):
Child's name (first & last):

Hnub yug:
Birth date:

Niam yug lub npe (npe thiab xeem):
Birth mother's name (first & last):

Lub tsev kho mob los sis qhov chaw uas yug:
Hospital or place of birth:

Daim foos no siv rau: *(Thov kos rau txhua qhov uas yog)*
This form applies to: (Please check all that apply)

☐ Qauv kev kuaj ntshav
Blood spot specimen(s)

☐ Txhua yam kev kuaj pom (kev kuaj ntshav, kev hnov lus, thiab auv xij ntoj)
All test results (blood spot, hearing, & pulse oximetry)

Leej niam leej txiv los sis tus saib xyuas: thov nyeem thiab nkag siab cov hauv qab no ua ntej yuav sau kom tiav thiab kos npe rau daim foos no.

Parent(s) or guardian(s): please read and understand the following before completing and signing this form.

Kuv, uas yog leej niam leej txiv los sis tus neeg saib xyuas ntawm tus menyuam uas muaj npe hauv qab no, tab tom qhia Minnesota Lub Tsev Haujlwm Saib Xyuas Kev Noj Qab Haus Huv (Minnesota Department of Health, MDH) lub Phiaj Xwm Tshuaj Xyuas Menyuam Mos kom rhuav tshem kuv tus menyuam qhov(cov) qauv kev kuaj ntshav ntawm kev tshuaj xyuas menyuam mos thiab/los sis cov kev kuaj pom, cov kev kuaj pom ntawm cov auv xij ntoj, thiab cov kev kuaj pom ntawm kev tshuaj xyuas kev hnov lus uas muab khaws cia rau ntawm Minnesota Lub Tsev Haujlwm Saib Xyuas Kev Noj Qab Haus Huv, raws li tau teev tseg saum toj no.

I, the parent or guardian of the child named below, am directing the Minnesota Department of Health (MDH) Newborn Screening Program to destroy my child's newborn screening blood spot specimen(s) and/or screening test results, pulse oximetry results, and hearing screening results stored at the Minnesota Department of Health, as specified above.

Kuv nkag siab tias kev rhuav tshem kuv tus menyuam cov qauv ntshav yuav ua kom tsis muaj cia siv nyob rau yav tom ntej.Kev rhuav tshem kuv tus menyuam cov kev kuaj pom uas muab khaws cia rau ntawm Minnesota Lub Tsev Haujlwm Saib Xyuas Kev Noj Qab Haus Huv yuav tswj ciam rau hauv kev nkag nyob rau yav tom ntej los ntawm kuv tsev neeg thiab cov kws kho mob.

I understand that destroying my child's blood spot specimen(s) will make them unavailable for any future use. Destroying my child's test results stored at the Minnesota Department of Health will limit future access to them by my family and health care providers.

Niam txiv los sis tus saib xyuas lub npe (npe thiab xeem):
Parent or guardian printed name (first & last):

Niam txiv los sis tus saib xyuas tus qauv tes kos npe:
Parent or guardian signature:

Hnub tim ntawm hnub no:
Today's date

Kev siv txheeb nrog tus menyuam:
Relationship to child

Chaw Xa Ntawv
Mailing Address

Chaw nyob kab 1:
Address line 1

Najnpawb kev, npe tuam txhab, c/o

Chaw nyob kab 2:
Address line 2

Tsev kem, tsev pab pawg, tsev kheej, tuam tsev, tshooj, thiab lwm yam. - MDH tsis tuaj yeem xa tau mus rau tub pais xab nis (P.O.)

Nroog:
City

Lav/Xeev/Cheeb Tsam:
State/Province/Regions

ZIP/Tus code xa ntawv:
ZIP/Postal code

Najnpawb xov tooj:
Phone number

Vim yog muaj Kev Txhim Kho Sab Kev Kuaj Mob (Clinical Laboratory Improvement Amendments, CLIA) - cov cai tswj xyuas kev kuaj sim - Minnesota Lub Tsev Haujlwm Saib Xyuas Kev Noj Qab Haus Huv yuav tsum khaws cov kev kuaj pom kom ntev txog ob xyoos.Koj yuav tau txais kev ceeb toom los ntawm MDH raws kev xa ntawv hauv Tebchaws Meskas thaum muaj kev rhuav tshem cov kev kuaj ntshav qhuav nrog rau hnub uas rhuav tshem cov kev kuaj pom.

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.

Xa daim foos uas sau tiav mus rau:
Minnesota Department of Health
Newborn Screening Program
P.O. Box 64899
St. Paul, MN 55164-0899

Xov Tooj:(800) 664-7772
Fax:(651) 215-6285
Email: health.newbornscreening@state.mn.us
Vev xaib: www.health.state.mn.us/newbornscreening