



BOGGA 1 EE 2
DIB-LOO-EEGAY 01/2025

Dardaaranka Burburinta Xogta
Dhibcaha Dhiiga iyo/ama Natiijooyinka Baaritaanka Ilmaha Dhashay

Directive to Destroy
Blood Spots and/or Newborn Screening Test Results
Somali
Ogolaanshaha siinta xogta caafimaadka ee dhawrsan turjumaan

Magaca Ilmaha (Koobaad. Sadexaad):
Child's name (first & last):

Taariikhda Dhalashada:
Birth date:

Magaca hooyada dhashay (Koobaad. Sadexaad):
Birth mother's name (first & last):

Isbitaalka ama meesha uu ku dhashay:
Hospital or place of birth:

Foomkaan wuxuu quseeyaa: *(Fadlan calaameey inta ay quseeyso oo dhan)*
This form applies to: (Please check all that apply)

Muunada dhibcaha dhiiga
Blood spot specimen(s)

Dhammaan natiijooyinka baaritaanka (dhibcaha dhiiga, maqalka iyo cabirka oksijiinta wadnaha)
All test results (blood spot, hearing, & pulse oximetry)

Waalidiinta ama masuuliyiinta: fadlan akhri oo fahan waxyaabaha soo socda kahor inta aadan buuxin oo aadan saxiixin foomkaan.

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

Aniga, oo ah waalidka ama masuulka ilmaha magaciisu hoos ku yaalo, waxaan ku marayaa Barnaamijka Baaritaanka Ilmaha Dhashay ee Waaxda Caafimaadka ee Minnesota (Minnesota Department of Health (MDH)) inay burburiyaan muunada baaritaanka dhiiga ee ilmaha dhashay ee ilmahayga iyo/ama natiijooyinka baaritaanka, natiijooyinka cabirka oksijiinta wadnaha, iyo natiijooyinka baaritaanka maqalka oo ku kaydsan Minnesota Department of Health, sida kor lagu sheegay.

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.

Waan fahmayaa in burburinta muunada dhiiga ee ilmahayga ay ka dhigayso inaan lagu samayn karin isticmaal danbe. Burburinta natiijooyinka baaritaanka ilmahayga ee ay hayso Minnesota Department of Health ayaa xadidi doonta helitaanka xogtaas ee qoyskayga iyo dhakhtarka guud.

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.

Magaca Waalidka ama masuulka oo far waawayn ku qoran (Koobaad iyo Sadexaad):
Parent or guardian printed name (first & last):

Saxiixa waalidka ama masuulka:
Parent or guardian signature:

Taariikhda maanta:
Today's date

Xariirka Kala dhexeeya ilmaha:
Relationship to child

Ciwaanka Boostada
Mailing Address

Ciwaanka Laynka 1:
Address line 1

Ciwaanka wadada, magaca shirkada, c/o

Ciwaanka Laynka 2:
Address line 2

BOGGA 2 EE 2

Magaalada:

City

Dawlad Gobaleedka/Gobalka/Degmada:

State/Province/Regions

ZIP/Koodhka Boostada:

ZIP/Postal code

Taleefoon Lambarka:

Phone number

Sabab la xiriirta Isbadellada Hormarinta Shaybaarka Caafimaadka (CLIA) - xeerarka masuulka ka ah maamulida baaritaanka shaybaarka - Minnesota Department of Health waxaa laga doonayaa inay hayso natiijooyinka baaritaanka muddo labo sano ah. Waxay MDH kugu soo wargelin doontaa boostada Mareykanka marka la burburinaayo dhiiga qalalan iyo sidoo kale taariikhda la burburin doono natiijooyinka baaritaanka.

U dir foomka la buuxshay:

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.

Taleefanka:(800) 664-7772

Fakiska:(651) 215-6285

Imeylka: health.newbornscreening@state.mn.us

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