DEPARTMENT OF HEALTH

PHAB 1/2
HLOOV KHO 02/2025

Kev Thov Tso Tawm
Kev Tso Cai Cia Tso Daim Npav Tshuaj Xyuas Menyuam Mos Tawm

Request to Release Authorization to Release Newborn Screening Card

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:

Kuv nkag siab txog cov hauv qab no:

- Los ntawm kev sau thiab xa daim foos no rov qab, yog kuv thov kom muab tus menyuam uas muaj npe saum toj no daim(cov) npav Tshuaj xyuas menyuam mos uas siv lawm tso tawm rau tus kws kho mob thiab/los sis lub chaw kho mob uas muaj npe hauv qab no.
- Thaum daim(cov) npav Tshuaj xyuas menyuam mos raug muab tso tawm rau tus kws kho mob los sis lub chaw kho mob lawm, ces Minnesota lub Tsev Haujlwm Saib Xyuas Kev Noj Qab Haus Huv yuav tsis tuaj yeem tswj hwm tau hais tias tus kws kho mob los sis lub chaw kho mob puas yuav muab daim(cov) npav los koom siv nrog lwm tus li lawm.Tiv tauj rau tus kws kho mob ntawm lub chaw kho mob yog tias koj muaj lus nug txog lawv cov cai txhawb thiab kev siv khoom ntiag tug.
- Yog xav kom siv tau, yuav tsum muab daim foos no sau kom tiav thiab hais kom tus neeg ntawd los sis tus neeg saib xyuas raug cai ntawm tus menyuam me kos npe rau.Ib daim luam qauv yuav siv tau yog tias nws tseem tsis tau hloov pauv.

I understand the following:

- By completing and returning this form, I request the above-named child's used newborn screening card(s) be released to the health care provider and/or clinic named below.
- Once the newborn screening card(s) are released to the health care provider or clinic, the Minnesota Department of Health cannot control whether the provider or clinc shares the card(s) with others. Contact the provider of clinic if you have questions about their privacy policies and practices.
- To be valid, this form must be filled out completely and signed by the individual or the legal guardian of the minor. A copy is valid if it has not been altered.

Leej niam leej txiv uas thov txog/tus neeg saib xyuas lub npe (npe thiab xeem):
Requesting parent/guardian's printed name (first & last):

Qauv tes kos npe ntawm leej niam leej txiv los sis tus saib xyuas:
Parent or guardian signature:

Kev sib txheeb nrog tus menyuam:
Relationship to child:

Hnub tim ntawm hnub no:
Today's date:

Najnpawb kev:
Street address:

Nroog:
City:

Xeev:
State:

Zip:
Zip

Xov Tooj:
Phone:

Tus Kws Kho Mob los sis Lub Chaw Kho Mob Qhov Chaw Xa Ntawv

Xa Rau:
Attention:

Chaw nyob kab 1:
Address line 1:

Najnpawb kev

Chaw nyob kab 2:
Address line 2:

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

Nroog:
City:

Xeev:
State:

Zip:
Zip:

Xov Tooj:
Phone:

PHAB 2/2

Xa los sis fax daim foos uas sau tiav lawm 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.newbornsceening@xeev.mn.us
Website: www.health.state.mn.us/newbornscreening