DEPARTMENT OF HEALTH

PHAB 1/2
HLOOV KHO 01/2025

Kev Thov Tso Tawm
Kev Tso Cai Cia Tso Cov Kev Kuaj Pom Ntawm Kev Tshuaj Xyuas Menyuam Mos Tawm

Release Request Authorization to Release 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

Xov Xwm Qhia Txog Tus Neeg

Individual Information

Tus Menyuam Mos Lub Npe thiab Xeem:
Newborn First and Last Name

Tus Menyuam Mos Lub Hnub Yug:
Newborn Birth Date

Leej Niam Yug Lub Npe thiab Xeem:
Birth Mother First and Last Name

Leej Niam Lub Hnub Yug:
Mother Birth Date

Lub Tsev Kho Mob los sis Qhov Chaw Yug:
Hospital or Place of Birth

Tus Xov Tooj Ntawm Lub Chaw Kho Mob:
Clinic Phone Number

Thov Tso Cov Kev Kuaj Pom Ntawm Kev Tshuaj Xyuas Menyuam Mos Rau:

Please Release Newborn Screening Test Results To:

Neeg Kheej, Chaw Kho Mob, los sis Koom Haum:
Individual, Clinic, or Organization

Najnpawb Kev:
Street Address

Nroog, Xeev, thiab Zip Code:
City, State, and ZIP Code

Xov Tooj:
Phone Number

Fax:
Fax

Kuv nkag siab txog cov nram qab no:

- Txhua yam Kev Kuaj Pom yuav raug muab tso mus rau tus neeg, lub chaw kho mob, los sis lub koom haum uas muaj npe saum toj no.
- Thaum cov ntaub ntawv raug tso tawm rau tus neeg, lub tsev kho mob, los sis lub koom haum uas muaj npe saum toj no, Minnesota Lub Tsev Haujlwm Saib Xyuas Kev Noj Qab Haus Huv yuav tsis tuaj yeem tiv thaiv tau kom tsis txhob muaj kev sib koom siv nrog cov neeg sab nraud.Nyob rau lub sijhawm ntawd, cov ntaub ntawv kuj yuav tsis tas yuav muaj kev tiv thaiv los ntawm lub xeev thiab tsoom fwv theem siab txoj cai tswj hwm ntiag tug mus ntxiv lawm.
- Yuav kom siv tau, yuav tsum sau daim foos no kom tiav thiab kos npe los ntawm tus neeg los sis tus neeg saib xyuas raug cai ntawm tus menyuam me.Ib daim luam qauv yuav siv tau yog tias nws tseem tsis tau hloov pauv.
- **Txhawm kom tso tau cov kev kuaj pom tawm, ces kev txheeb xyuas tus neeg thov yuav tsum tau lees paub los ntawm daim ntawv txuas nrog daim duab ID los sis los ntawm ib tug neeg tuav ntaub ntawv hauv tsoom fwv.**

I understand to the following:

- All test Results will be released to the person, clinic, or organization named above.
- Once the records are released to the person, clinic, or organization named above, the Minnesota Department of Health cannot prevent them from being shared with a third parth. At that point, the records may no longer be protected by the state and federal privacy laws.
- To be valid, this form must be filled out completely and signed by the individual or the legal guardian of a minor. A copy is valid if it has not been altered.
- **For results to be released, identify of the requesting individual must be authenticated either by an attached copy of a photo ID or by a notary public.**

Sau Lub Npe Ntawm Tus Kheej los sis Tus Saib Xyuas Raug Cai

Printed Name of Individual Guardian

Hnub Tim/Sijhawm

Date/Time

Qauv Tes Kos Npe ntawm Tus Neeg Kheej los sis Tus Neeg Saib Xyuas Raug Cai

Signature of Individual Legal Guardian

Qauv Tes Kos Npe Ntawm Tus Tuav Ntaub Ntawv Rau Sawv Daws

Notary Public Signature

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