DEPARTMENT OF HEALTH

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

Foomka Baahinta
Ogolaanshaha Baahinta Natiijooyinka Baaritaanka Ilmaha Dhashay

Release Request Authorization to Release Newborn Screening Test Results

Somali

Ogolaanshaha siinta xogta caafimaadka ee dhawrsan turjumaan

Xogta Shaqsiga ah

Individual Information

Magaca koobaad iyo Sadexaad ee Ilmaha Dhashay:
Newborn First and Last Name

Taariikhda Dhalashada Ilmaha Dhashay:
Newborn Birth Date

Magaca koobaad iyo Sadexaad ee hooyada:
Birth Mother First and Last Name

Taariikhda Dhalashada Hooyada:
Mother Birth Date

Isbitaalka ama meesha uu ku Dhashay:
Hospital or Place of Birth

Lambarka Taleefanka Rugta Caafimaadka:
Clinic Phone Number

Fadlan sii Natiijooyinka Baaritaanka Ilmaha Dhashay:

Please Release Newborn Screening Test Results To:

Shaqsiga, Rugta Caafimaadka, ama Ururka:
Individual, Clinic, or Organization

Ciwaanka Wadada:
Street Address

Magaalada, Gobolka, iyo Koodhka Boostada:
City, State, and ZIP Code

Lambarka Taleefanka:
Phone Number

Fakiska:
Fax

Waan fahmayaa waxyaabaha soo soda:

- Dhammaan baaritaannada waxaa la siin doonaa qofka, rugta, ama ururka magaciisa kor lagu sheegay.
- Marka diiwaannada la siiyo qofka, rugta, ama ururka magaciisa kor lagu sheegay, Minnesota Department of Health ayaan ka hor istaagi karin inay lasii wadaagaan dhinac sadexaad. Markay halkaas gaarto, diiwaannada ayaan difaac danbe ka heli doonin sharciyada gobalka iyo federaalka ee sirta.
- Si ay u dhaqan gasho, foomkaan waa in si buuxda uu u buuxiyaa uuna saxiixaa qofka ama masuulka sharciga ah ee ilmuhu. Nuqul ayaa dhaqan galaaya haddii aan waxba laga badelin.
- **Si natiijooyinka loo baahsho, aqoonsiga qofka codsanaaya waa in lagu xaqiijiyaa midkood nuqulka lasoo gashay ee aqoonsiga sawirka leh ama nootaayo dadwayne.**

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.**

Magaca oo Far waawayn ku Qoran ee Qofka ama Masuulka Sharciga ah

Printed Name of Individual Guardian

Taariikhda/Waqtiga

Date/Time

Saxeexa Shakhsiga ama Masuulka Sharciga ah

Signature of Individual Legal Guardian

Saxiixa Nootaayada Dadwaynaha

Notary Public Signature

U dir foomka la buuxshay:
Minnesota Department of Health
Newborn Screening Program
P.O. Box 64899
St. Paul, MN 55164-0899

Taleefanka:(800) 664-7772
Fakiska:(651) 215-6285
Iimeylka: health.newbornscreening@state.mn.us
Webseedka: www.health.state.mn.us/newbornscreening