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### Residual Bloodspot Specimen Request Form

This form is used to verify the identity of a parent or guardian requesting the release of a laboratory specimen. If this request form is not filled out by the requestor at the Oregon State Public Health Laboratory, it must be notarized in order to be considered. [Notary: Please verify the identity of the person making this request and then forward to the address above.]

Specimens will not be released sooner than 30 days after the test results are reported.

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Type of test(s): \_\_\_\_\_

Date of collection: \_\_\_\_\_

Mother's name and Date of Birth: \_\_\_\_\_

Requestor name (print): \_\_\_\_\_

Signature and date: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

If the person making this request is the legal guardian of the patient, please provide proof of guardianship for the request to be valid.

#### Verification of Identity:

If request is mailed, have the notary seal and date the envelope prior to sending.

If request is made in person, present a government issued picture ID.

ID verified by OSPHL employee: \_\_\_\_\_ on \_\_\_\_\_.

**Mailing Address:** Please provide the mailing address where the specimen will be sent.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Notary stamp here:
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