

Request for the return of newborn metabolic screening sample for a person who has died

This form is used to request the newborn metabolic screening sample card (also known as 'Guthrie card', 'dried bloodspot card' or 'heel prick sample') for a person who has died.

Who can request return of a blood spot card when the person from whom it was collected has died?

In accordance with the Human Tissue Act 2008, request for the return of a blood spot sample card when the person from whom it was collected has died can be made by an immediate family member. 'Immediate family' means members of the individual's family, whanau or other culturally recognised family group who were in a close relationship with the individual or had, in accordance with the customs and traditions of the community of which the individual was part, responsibility for the individual's welfare and best interests. This may include one or more of the following relationships – spouse, civil union partner or de facto partner; child, parent, guardian, grandparent, brother or sister; stepchild, step-parent, stepbrother or stepsister.

How to request return of a newborn metabolic screening sample card

Complete the details in Section A below and on the reverse of this form. Note the following documentation will need to be attached to complete this request: certified copies of proof of requestor identity, death certificate and evidence of your relationship to the person.

Completed **signed** and witnessed forms must **be posted to:**

Newborn Metabolic Screening Programme
 P O Box 110031
 Auckland City Hospital
 Auckland

Or couriered to:

LabPLUS, Gate 4
 Building 31, Auckland City Hospital
 Grafton Road
 Auckland

Emailed or faxed forms will not be accepted.

For additional information please contact the Newborn Metabolic Screening Programme:

antenatalnewbornscreening@tewhatauora.govt.nz

Your request will be acknowledged when the form is received, and a time will be indicated within which you may reasonably expect to receive the sample card. The card will be returned by tracked courier with your signature required at the time of delivery.

PLEASE COMPLETE THE FOLLOWING DETAILS

A. In order to identify the correct newborn metabolic screening sample, please supply the following details about the baby / person whose card is being requested.

Baby/person's surname: _____ First name (at time of birth): _____

Mother's surname name at time of birth: _____ First name: _____

Baby/person's NHI number (if known): _____ Baby/person's place of birth: _____

Baby/person's date of birth: _____ Lead maternity carer (if known): _____

Additional information e.g. hospital number, doctor or obstetrician (for babies born before 1995) may be helpful.

B. Please add your details as the requestor of the newborn metabolic screening sample.

I (name of person requesting return) _____ request the return of the newborn metabolic screening sample collected from _____ (baby/person) to be sent to me.

I am the _____ (relationship to person from whom the card was collected) of this person.

C. Please choose and complete either option 1 or 2 or 3 (cross out options that do not apply)

1. I am the parent / guardian of this person.

Or

2. I have personally consulted with all members of _____'s immediate family with a view to achieving general agreement on the matter, and I believe on reasonable grounds that all capable members of the immediate family accept my taking, proposed use or disposal of the sample on behalf of the immediate family.

Or

3. I have taken all reasonably practicable steps to contact all members of _____'s immediate family over a period of at least 12 months but have been unable to consult personally with some immediate family members. I have taken these steps with a view to achieving general agreement on the matter, and I believe on reasonable grounds that all capable members of the immediate family accept, or would, if consulted personally accept my taking, proposed use or disposal of the sample on behalf of the immediate family.

Signature: _____ Phone number: _____

Authorised witness* signature and name: _____

Declared at: _____ Date: _____

* Justice of Peace, lawyer, Notary Public, or a court official

D. Address for return: Please note: addresses for delivery must be a street address, the courier cannot deliver to a

PO Box or Private Bag: _____

E. Please attach:

1. **Proof of requestor identity:** As the requesting person, please verify your identity with a copy of photo ID such as a photocopy of passport photo page, driver licence or other photo ID that has been certified by a lawyer, Notary Public, JP or court official as true and accurate.
2. **Copy of the death certificate for person you are representing** certified as a true copy as above.
3. **Please show evidence of your relationship to the baby / person** or provide a statutory declaration witnessed by a lawyer, Notary Public, Justice of Peace or a court official. Please note that in some circumstances a statutory declaration may be required.