



MAYO CLINIC
Mayo Medical Laboratories

Request for Original Newborn Screening Card

Date Today _____
Month DD, YYYY

Name of State Newborn Screening Laboratory _____

Street Address _____

City _____ State _____ ZIP Code _____

Fax Number _____

Dear Dr. _____:
Director of state newborn screening laboratory

I/we hereby authorize you to send the original newborn screening card of our daughter or son,

_____, _____ Birth Date _____
Last Name First Name Month DD, YYYY

Send to Mayo Clinic - Biochemical Genetics Laboratory
Attn: Dr Dietrich Matern, MD Hilton 330
200 First Street SW
Rochester MN 55905

Include a copy of this letter with the sample.

Our daughter or son was born on _____, at _____
Month DD, YYYY Hospital/Other

in _____, _____
City State

Sincerely,

_____, _____ or _____
Mother's Signature Father's Signature

Attention Mayo Clinic Biochemical Genetics Laboratory:

Contact Dr. _____ for clinical information
List provider or medical examiner's full name

about our daughter or son. This provider or medical examiner can be contacted at:

Phone _____ Fax _____

We understand that results will be reported to this provider or medical examiner.