

Oregon State Public Health Laboratory
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Residual Bloodspot Specimen Request Form

This form is used to verify the identity of a parent or legal guardian requesting the release of a laboratory specimen. Verification may be performed either by a Notary or by an Oregon State Public Health Laboratory (OSPHL) employee upon request. To request an appointment with an OSPHL employee, please call 503-693-4100.

Note: Specimens will not be released sooner than 30 days after test results are reported and are not retained past 18 months. (OAR 333-024-1090/ Use, Release and Retention of Residual Specimens.) Requests are typically fulfilled within 15 business days.

Patient's Name and Date of Birth: _____

Mother's Name and Date of Birth: _____

Name of Birthing Hospital, Clinic, or Provider: _____

Requestor's Name* (print) and Phone No.: _____

Requestor's Address: _____

Requestor's Signature and Date: _____

*If the requestor is not a parent, proof of legal guardianship must accompany this form.

Verification of Identity (Please provide a government issued picture ID):

ID verified by Notary (sign and date): _____ _____	Notary Stamp:
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or

ID verified by OSPHL employee: _____ on _____

Mailing address where the specimen will be sent (USPS standard delivery is used):

Name: _____ Address: _____
