



## 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  
PO Box 872  
Shortland St Mail Centre  
Auckland 1140

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: Programme Leader, Newborn Metabolic Screening Programme, NSU: [screening@moh.govt.nz](mailto:screening@moh.govt.nz) Phone: (09) 580 9000

**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.**

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### 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 option that does 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, 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.