

## **I Took My Child Out!**

### **Notification to CCHC that Parent Has Directed the Minnesota Department of Health to Remove Genetic Test Results and/or Blood Sample (DNA) from the Government's Results Database and DNA Databank.**

*(CCHC will tally parent directives and report to legislature)*

On \_\_\_\_\_ (date), I sent to the Minnesota Department of Health (MDH) by email / fax / letter / CCHC collection site (circle one) my completed **“Request to Dispose of Newborn Screening Test Results and/or Blood Sample”** form(s). I sent one request for each of my \_\_\_\_\_ (number) children. (The address/fax/email for MDH are at end of the state's “Disposal Request” form)

\_\_\_\_\_ **Keep me informed about the “Parents’ Right to Say No Act”** [proposed 2006 MN legislation to require explicit parent consent for newborn genetic testing, and provide information on options for private (non-State) testing]. Protecting the genetic privacy of my family, my children—and the children of their children—is very important to me.

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Signature

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Name (PLEASE PRINT)

Relationship to Child

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Address

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City

State

Zip Code

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Phone Number(s)

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Email (please print clearly)

*You are protecting your child's personal & genetic privacy...and your own!*

**Mail, Fax or Email (via attachment) THIS ONE-PAGE FORM to:**

*Citizens' Council on Health Care*

*1954 University Ave W, Suite 8, Saint Paul, MN 55104*

*PHONE: 651-646-8935 FAX: 651-646-0100 EMAIL: info@CCHCOnline.org*

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**OR...Easy Online Submission:** Go to <http://www.CCHCOnline.org/itookmychildout.php>