

If a Parent Refuses NBS For their Baby

- ***This refusal must be in written form with a parent's signature*** indicating they have been informed of the risks and benefits of newborn bloodspot screening and have chosen not to have their baby tested.

- The NBS Follow-Up Unit must also be notified **within 12 hours** of refusal. We will contact the family and discuss risks and benefits of newborn bloodspot screening.

- Please call us at 443-681-3916 or fax refusal form to 443-681-4505.



REFUSAL FORM - NEWBORN SCREENING

Baby's Name _____ Date of Birth _____
Hospital of Birth _____ Medical Record Number _____

I understand that:

The State of Maryland and the American Academy of Pediatrics strongly recommend newborn screening. Newborn screening is considered part of good baby care.

Newborn babies are tested for some conditions that cause mental retardation, other serious health problems and even death. Maryland tests babies for all the conditions recommended by the March of Dimes, the American Academy of Pediatrics and the American College of Medical Genetics. Although these disorders are rare, each month several babies are found to have a disorder identified by the newborn screen.

Treatment, if it is started early, can help to prevent the problems caused by these conditions. Every baby found to have a disorder will have access to the best treatment available.

Testing all babies is important because babies with these conditions usually look normal.

The tests are done on a small amount of the baby's blood. The blood is collected by pricking the baby's heel.

I understand that if my baby has one of these disorders, and does not have newborn screening, the delay in diagnosis and treatment can result in severe health problems, mental retardation or even death.

I have been provided with information about newborn screening. I know that if I have additional questions I can contact the Newborn Screening Laboratory at the State Health Department at 410-767-6099 or I can go to the State's website at <http://dhmh.maryland.gov/labs/html/nbs.html>.

I have discussed newborn screening with my baby's doctor or nurse,

Doctor's /Nurse's Name M.D./R.N. Phone Number

My questions have been answered to my satisfaction.

Nevertheless, I do not agree to the collection of a blood sample from my baby for the newborn screening tests.

I accept full responsibility for the decision not to permit my baby to have newborn screening performed.

I release and hold harmless the Maryland Department of Health and Mental Hygiene, the hospital of birth, and the person responsible for collecting the newborn screening sample, for any injury, illness, or medical condition to my child, or even the death of my child, any of which may be caused by a disorder that is screened for under the State's newborn screening comprehensive testing panel, which screening I am hereby refusing for my child.

Parent/Guardian's Name _____ Signature _____

Address _____ Phone Number _____

Date _____ Witness _____ Signature _____