



# Parental Refusal of Newborn Screening

Name of infant: \_\_\_\_\_ Birth date: \_\_\_\_\_

Hospital of birth: \_\_\_\_\_

*By signing below, I acknowledge that:*

I have received and read the Minnesota Department of Health (MDH) brochure explaining newborn screening testing for heritable and congenital disorders and have been informed of the risk of not screening a newborn.

I understand that delays in treatment of diseases detectable by newborn screening may result in permanent damage to my child, which may include profound mental retardation, growth failure, hearing loss, and/or death, and that diseases detectable by newborn screening may not cause symptoms for several weeks or months.

I understand that I also have the option of having my child screened and having his or her blood sample and test results destroyed within 24 months of testing.

(Parent or guardian: Check the box or boxes below indicating your directive.)

I do not want \_\_\_\_\_ to receive blood testing for the diseases  
Name of child  
screened for by the Minnesota Newborn Screening Program.

I do not want \_\_\_\_\_ to receive screening for hearing loss.  
Name of child

Parent or guardian signature: \_\_\_\_\_

Parent or guardian printed name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

The parent or guardian must present photo identification to a public health or medical professional, who must then sign as a witness. Alternatively, the parent or guardian's signature (i.e., identity) may be authenticated by a notary public.

Witness signature: \_\_\_\_\_ Witness phone: \_\_\_\_\_

Witness printed name and position: \_\_\_\_\_

Send completed form to:

Minnesota Department of Health  
Newborn Screening Program  
P.O. Box 64899  
St. Paul, MN 55164-0899

Phone: (800) 664-7772  
Fax: (651) 201-5471  
E-mail: [newbornscreening@health.state.mn.us](mailto:newbornscreening@health.state.mn.us)  
Website: [www.health.state.mn.us/newbornscreening](http://www.health.state.mn.us/newbornscreening)