Parental Refusal of Newborn Screening

Refusal of Newborn Screening
Minnesota Department of Health
Newborn Screening Program
Public Health Laboratory
Phone: (800)-664-7772
Revised 12/05

Name of Infant	Hospital of Birth
Birth Date	Street Address
Parent's Full Name (Print)	City/State/Zip

By signing below, you acknowledge:

I have received and read the Minnesota Department of Health's brochure concerning the newborn screening tests for metabolic, endocrine, and hemoglobin disorders.

I have been informed and I understand that these tests are required by Minnesota Statutes, section 144.125, for all infants born in Minnesota with the exception of infants whose parents choose not to participate in the Minnesota Department of Health Newborn Screening Program.

I have been informed and I understand that these tests are given to detect disorders that may not cause symptoms for several weeks or months.

I have had explained to me and I understand the risks involved if I decline to have my child screened.

I have been informed and I understand that if my child happens to have one of the conditions and the condition is not detected, delayed treatment of the disease may cause permanent damage to my child, including serious mental retardation, growth failure and, in some cases, death.

I have been informed and I understand that if my child were screened, I could request to have the blood sample and test results destroyed within 24 months after the testing.

I have been informed that more information on newborn screening is available at:
www.health.state.mn.us/divs/fh/mcshn/nbs.htm

I have discussed the testing requirements with________________________________.
Hospital staff or witness

I do not want _________________________________tested for these conditions by the Minnesota Newborn
Name of child
Screening Program.

_______________________ ____/____/____ _____________________________
Signature Date Witness

_______________________ _____________________________
Relationship Witness (print name)

Original: Infant's Medical Record
Copies: Parent, Practitioner, and the Minnesota Department of Health

Minnesota Department of Health
Newborn Screening Program
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