



# Parental Refusal of Newborn Screening

**By signing this form, I understand that I am choosing NOT to have my child receive newborn screening.**

*(Parent or guardian: Check below the box or boxes that apply.)*

## Refusal of screening

- I choose not to have my child receive newborn bloodspot screening from the Minnesota Department of Health for the diseases screened for by the Newborn Screening Program.
- I choose not to have my child screened for hearing loss.

*(Parent or guardian: Read and initial each statement below.)*

I, the parent or guardian of the infant named below, understand that:

Choosing not to have my newborn screened for heritable and congenital disorders may result in delayed treatment if she or he has a disease that can be detected by newborn screening. *Initial here:* \_\_\_\_\_

Delayed treatment for diseases detected by newborn screening may result in my child suffering permanent damage which may include profound mental retardation, growth failure, hearing loss, and or death.

*Initial here:* \_\_\_\_\_

I further understand that diseases detectable by newborn screening may cause permanent health problems prior to the onset of symptoms, which may not appear until several weeks or months after birth. *Initial here:* \_\_\_\_\_

I am aware that if I were to have my newborn screened, the remaining bloodspot would be destroyed after 71 days and test results destroyed after 24 months. *Initial here:* \_\_\_\_\_

Name of infant:	Birth date:
Hospital or place of birth:	

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

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

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

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

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

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) 215-6285  
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)