Northwest Regional Newborn Screening Program

Newborn Screening Test Refusal

Name of Infant	Birth Date	Medical Record Number
Place of Birth		
Street Address	Cit	ty/State/Zip
I have read the Department of Human Se save your Infant's Life. This brochure exp metabolic, endocrine and hemoglobin dis	olains newborn screen	•
I have been told and I understand that sta Oregon because of the benefit to the infa disorders on the screening panel.	•	•
I have been told and I understand that NI not appear for several weeks or months.	BS detects over 30 dis	sorders whose symptoms may
I have been told and I understand that the approximately 1:900.	e risk of my infant hav	ing one of these conditions is
I have been told and I understand that undamage to my child. If affected and not to retardation, growth failure and in some care.	reated, my infant may	•
I have discussed the testing with		CPM / LDEM.
She has explained and I understand all the	he risks involved if my	child is not screened.
I have been informed and I understand the sample is collected.	ne nature of the screer	ning and how the screening
I object to newborn screening and I do no	ot want screened for th	nese conditions.
I have freely made my decision without for personnel, or state officials.	orce or encouragemer	nt from my Midwife, staff/
Signed		elationship to Baby
Witnessed by	Da	ate
CC: OSPHL, Medical Records, Pediatrio	cian / Primary Practitio	oner