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## INFORMED REFUSAL: NEWBORN SCREENING

I, \_\_\_\_\_  
 Parent/legal guardian first and last name

the parent/guardian of baby \_\_\_\_\_  
 Circle one Baby's name

born \_\_\_\_\_ at \_\_\_\_\_  
 Date of birth Name of hospital

**DO NOT CONSENT TO HAVE MY BABY'S BLOOD TAKEN FOR NEWBORN SCREENING TESTS**  
 (tests are listed below).

**I make this choice knowing that:**

- The screening needs only a few drops of blood from my baby's heel.
- The screening is for 22 treatable disorders (listed below).
- My baby can look perfectly normal at birth and still have one of these disorders.
- These disorders can cause severe mental handicap, growth problems, health problems and sudden infant death. When found and treated early, these problems may be prevented or reduced.

_____	_____	_____
Print name of parent/guardian	Signature of parent/guardian	Date
_____	_____	_____
Print name of physician/midwife	Signature of physician/midwife	Date
_____	_____	_____
Print Name of witness	Signature of witness	Date

Newborn Screening Tests			
<b>Metabolic Disorders</b>			
<i>Amino Acid Disorders:</i>	<i>Fatty Acid Oxidation Disorders:</i>	<i>Organic Acid Disorders:</i>	<i>Galactosemia (GALT)</i>
<ul style="list-style-type: none"> <li>• Phenylketonuria (PKU)</li> <li>• Maple Syrup Urine Disease (MSUD)</li> <li>• Citrullinemia (CIT)</li> <li>• Argininosuccinic Acidemia (ASA)</li> <li>• Homocystinuria (Hcy)</li> <li>• Tyrosinemia I (Tyr I)</li> </ul>	<ul style="list-style-type: none"> <li>• Medium-chain Acyl-CoA Dehydrogenase Deficiency (MCAD)</li> <li>• Long-chain Hydroxyacyl-CoA Dehydrogenase Deficiency (LCHAD)</li> <li>• Very-long chain AcylCoA Dehydrogenase Deficiency (VLCAD)</li> </ul>	<ul style="list-style-type: none"> <li>• Propionic Acidemia (PROP)</li> <li>• Methylmalonic Acidemia (MUT)</li> <li>• Cobalamin Disorders (Cbl A,B)</li> <li>• Glutaric Aciduria Type 1 (GA I)</li> <li>• Isovaleric Acidemia (IVA)</li> </ul>	
<b>Endocrine Disorders</b>	<b>Hemoglobinopathies</b> (sickle cell and related disorders)	<b>Cystic Fibrosis (CF)</b>	
<ul style="list-style-type: none"> <li>• Congenital Hypothyroidism (CH)</li> <li>• Congenital Adrenal Hyperplasia (CAH)</li> </ul>			

Copies:  Baby's health record *and*  
 Physician / Midwife *and*  
 Newborn Screening Lab Fax: 604-875-3836