

Waiver Form

Maternal Blood Sample

I _____ REFUSE to have my blood drawn during labor. I understand that by refusing to have my blood drawn, I will not be tested for Syphilis, HIV and Hep. B while I am in labor. I understand that the purpose of testing my blood during labor is not only for my benefit but also to see if my baby might have been exposed to Syphilis, HIV or Hep. B. _____ (*initial here*)

My midwife has explained the risks to me and has also offered alternative screening.

_____ I also REFUSE the alternative screening.

_____ I desire to be screened for Syphilis, HIV and Hep B but I REFUSE screening while in I am in labor and want to be screened in the last trimester of my pregnancy.

Signature: _____ Date: _____