

Metabolic Newborn Screening Test – Refusal Form

The Metabolic Newborn Screening Test is required by Texas law within the first 72 hrs of birth and again at 2 weeks after birth. The test screens for several serious conditions including but not limited to congenital adrenal hyperplasia, galactosernia, phenylketonuria & hypothyroidism.

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: _____

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: _____

My initials below indicate which newborn screens I **REFUSE**:

_____ The first newborn screen required by Texas Law within 72 hours of birth

_____ The second newborn screen required by Texas Law at 2 weeks after birth

Infant Name: _____ Date of Birth _____

Signature: _____ Date Signed: _____