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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 24 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			
Metabolic Disorders Amino Acid Disorders: <ul style="list-style-type: none"> • Phenylketonuria (PKU) • Maple Syrup Urine Disease (MSUD) • Citrullinemia (CIT) • Argininosuccinic Acidemia (ASA) • Homocystinuria (Hcy) • Tyrosinemia I (Tyr I) • Guanidinoacetate Methyltransferase Deficiency (GAMT) 	Fatty Acid Oxidation Disorders: <ul style="list-style-type: none"> • Medium-chain Acyl-CoA Dehydrogenase Deficiency (MCAD) • Long-chain Hydroxyacyl-CoA Dehydrogenase Deficiency (LCHAD) • Very-long chain AcylCoA Dehydrogenase Deficiency (VLCAD) • Carnitine Uptake Disorder (CUD) 	Organic Acid Disorders: <ul style="list-style-type: none"> • Propionic Acidemia (PROP) • Methylmalonic Acidemia (MUT) • Cobalamin Disorders (Cbl A,B) • Glutaric Aciduria Type 1 (GA I) • Isovaleric Acidemia (IVA) 	Galactosemia (GALT)
Endocrine Disorders <ul style="list-style-type: none"> • Congenital Hypothyroidism (CH) • Congenital Adrenal Hyperplasia (CAH) 	Hemoglobinopathies (sickle cell and related disorders)	Cystic Fibrosis (CF)	

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