

**NEWBORN BLOOD SPOT
SCREENING LABORATORY**
BC Children's Hospital
4480 Oak Street, Room 2F27
Vancouver, BC V6H3V4
Ph: (604) 875-2148
Fax: (604) 875-3836



Place Infant's
Addressograph/Label Here

INFORMED DEFERRAL: NEWBORN BLOOD SPOT SCREENING

I **DO NOT WISH** for my baby to receive the newborn blood spot screening tests listed below prior to discharge from Hospital.

☐ I will take my baby to a hospital laboratory or follow other plans to have blood taken when my baby is between 24 and 48 hours of age

I understand that newborn screening requires only a few drops of blood from my baby's heel and

- Screens for more than 25 treatable disorders (listed below) which can be present even when a baby looks perfectly healthy.
- When detected by newborn screening and treated early, severe developmental delay, growth problems, health problems and even sudden infant death can be prevented.

Name of Parent / Legal Guardian First and Last name (please print clearly)

Signature

Date

Witness (patient's most responsible health care provider). I watched the parent / guardian sign the deferral form.

Witness First and Last Name (please print)

Witness Signature

Date

The treatable conditions in British Columbia's Newborn Blood Spot Screening Program:

Metabolic Disorders			
Amino Acid Disorders:	Fatty Acid Oxidation Disorders:	Organic Acid Disorders:	Galactosemia
<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) 	<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) 	<ul style="list-style-type: none"> • Propionic Acidemia (PROP) • Methylmalonic Acidemia (MUT) and B12 Deficiency • Cobalamin Disorders (Cbl A,B) • Glutaric Aciduria Type 1 (GA I) • Isovaleric Acidemia (IVA) • Biotinidase Deficiency 	<ul style="list-style-type: none"> • Galactosemia (GALT)
Endocrine Disorders	Sickle Cell Disease and other Hemoglobin Disorders	Cystic Fibrosis (CF)	Severe Combined Immunodeficiency (SCID)
<ul style="list-style-type: none"> • Congenital Hypothyroidism (CH) • Congenital Adrenal Hyperplasia (CAH) 		Spinal Muscular Atrophy (SMA)	

For health care provider use ONLY: see link for more information: <http://www.perinatalservicesbc.ca/health-professionals/professional-resources/screening/newborn>

- Fax this deferral form to NBS program 604-875-3836
- Place copy of this signed form in baby's health record
- Notify the infant's physician or midwife of the deferral