NEWBORN BLOOD SPOT SCREENING LABORATORY
BC Children's Hospital
4480 Oak Street, Room 2F27
Vancouver, BC V6H 3V4
Ph:(604) 875-2148
Fax: (604) 875-3836

Providence HEALTH CARE
How you want to be treated.

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: • Phenylketonuria (PKU) • Maple Syrup Urine Disease (MSUD) • Citrullinemia (CIT) • Argininosuccinic Acidemia (ASA) • Homocystinuria (Hcy) • Tyrosinemia I (Tyr I) • Guanidinoacetate Mehyltransferase Deficiency (GAMT)	*Fatty Acid Oxidation Disorders:* • 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:* • 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	*Galactosemia* (GALT)
Endocrine Disorders • Congenital Hypothyroidism (CH) • Congenital Adrenal Hyperplasia (CAH)	**Sickle Cell Disease and other Hemoglobin Disorders**	**Cystic Fibrosis (CF)** **Spinal Muscular Atrophy (SMA)**	**Severe Combined Immunodeficiency (SCID)**

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