Form to Refuse the Newborn Screening Blood Test

- Your child may look well for weeks or months with certain serious illnesses the newborn screening test finds.
- Treatment may be required to prevent your child from dying or having handicaps.
- Texas Law requires the test for your baby. You can only refuse the blood test if it is against the teachings or practices of your church. (Health and Safety Code, Section 33).
- For more information:
  - Visit: https://www.dhs.texas.gov/lab/nbsParentRes.shtm
  - Call toll free: (888) 963-7111 ext. 7333.

☐ I have heard the benefits of the newborn screening blood test.
☐ I know I can only refuse this test if it is against my religious practices.
☐ I do not want my baby tested now. I will take a copy of this form to show to my baby’s doctor.

Medical record number of baby: ________________________________

Signature of Parent: __________________________ Date: _____________

Printed Name of Parent: _______________________________________

Signature of Staff: ___________________________ Date: _____________

Printed Name of Staff: _______________________________________

Give one copy of this form to the family and put one in the medical record.

Complete and Send* the bottom portion to DSHS

Facility/Provider Name: _________________________
(or use DSHS provided submitter label)

NBS Submitter ID#: ______________________________

City/State/Zip: _________________________________

Date: ______________________

* Return this portion to DSHS with other NBS specimens.