



## Instructions to Complete Newborn Screen Blood Test Refusal Form

- Explain the importance of newborn screening to the parent or guardian.
  - Share a newborn screening video:
    - Scan the QR code at the top right of the refusal form, or
    - View on YouTube here:  
<https://www.youtube.com/watch?v=2KUMQogLgQ4>
  - Provide FREE education/information found here:  
<https://www.dshs.state.tx.us/newborn/pubs.shtm>
  - Answer any questions the parent or guardian have.
- If the parent still chooses to decline the newborn screen, request the parent or guardian read the Newborn Screen Blood Test Refusal Form.
- Ask a parent or guardian to check the acknowledgement statements, sign, date, and print name on the form.
- Have staff reviewing information with the parent or guardian sign, date, and print name on the form.
- Complete the bottom part of the form with submitter information (or use a DSHS provided submitter label).
- Make a copy of the form and give to the parent or guardian.
- Detach bottom part of the form and return to DSHS with other NBS specimen shipments.
- Keep original form in the patient's medical record.

For more information or questions:

- Visit: <https://www.dshs.texas.gov/lab/nbsHCRRes.shtm>
- Call toll free: (888) 963-7111 ext. 7333
- Email: [NewbornScreeningLab@dshs.texas.gov](mailto:NewbornScreeningLab@dshs.texas.gov)



Scan to view a Newborn Screening video.

Newborn Screen Blood Test Refusal Form

- Your child may look well for weeks or months with certain serious illnesses the newborn screening test finds.
Treatment for disorders found by newborn screening can prevent your child from dying or having disabilities.
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.
For more information: Visit: www.dshs.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 the teachings or practices of my church.
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 or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

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

Submitter Name: \_\_\_\_\_
(or use DSHS provided submitter label)

NBS Submitter ID#: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date: \_\_\_\_\_

\* Return this portion to DSHS with other NBS specimens.

Affix DSHS Provided Submitter Label Here

DSHS Use Only: