

Newborn Screening Dried Bloodspot Declination Form

I/We, _____, the parent(s)/guardian(s) of
Name of Parent(s)/Guardian(s)

_____, born on _____ at _____
Baby's Name Date of Birth

_____, decline newborn screening for our baby.
Hospital or Home Address

Please check the reason below:

- ☐ I do not want my newborn screened prior to discharge (if applicable), but plan to have the screening done by their health care provider/midwife
- ☐ Provider/midwife phone number and name: _____
 - ☐ Parent(s)/guardian(s) phone number: _____
 - ☐ Date of appointment: _____
- ☐ I do not want to have my baby screened at all, and do not wish to be contacted by the newborn screening program.

Should you choose to have your baby screened but do not want the Vermont Newborn Screening Program to retain the blood sample for one year, there is the option to have it destroyed sooner. Please see the Vermont Newborn Screening Program's website for the required form: healthvermont.gov/family/newbornscreening

~I/we have been provided with the Vermont Newborn Screening brochure and have reviewed the screened conditions.

~I/we have had the opportunity to discuss newborn screening with our baby's doctor, the hospital staff, or other care provider, and all our questions have been answered to our satisfaction.

~I/we feel that we have all the information necessary and have made the decision not to have newborn screening for our baby and I/we do not wish to discuss newborn screening further with newborn screening staff, our baby's doctor, or other care providers who are available to answer related questions.

~I/we further understand that if our baby does have a newborn screening condition, and it is not identified in the newborn period, the risk of death, disability, and illness may be high.

~I/we acknowledge that this form will be filed in our baby's medical record, and copies will be sent to our baby's care provider and the Vermont Department of Health Newborn Screening Program.

Signature of parent(s)/guardian(s)

Date

Signature of witness

Date

Instructions:

1. This form must be completed when the parent/guardian(s) declines newborn screening for their baby prior to discharge or for any other reason.
2. The original signed copy must be filed/documented in the baby's medical records.
3. Fax the signed form to the baby's primary care provider and to the Vermont Newborn Screening Program at (802) 951-1218. If unable to fax please mail to the Vermont Newborn Screening Program, 280 State Drive, Waterbury, VT 05671-8360. Please call (802) 951-5180 with questions.