

Maritime Newborn Screening

Newborn Screening Decline Form

Please have the form completed and signed by the parent or guardian who declines newborn screening. Return the entire requisition to the Maritime Newborn Screening Program.

I have been informed and understand that:

1. Newborn screening is considered standard of care for all newborns born in the Maritimes.
2. Newborn screening is done to detect treatable disorders that may not cause symptoms for several weeks or months after birth.
3. My baby can look perfectly normal at birth and can still have one of the diseases that are screened for.
4. If treatment is delayed for these conditions, it may cause permanent damage to my child, including severe brain disability, growth and health problems and/or sudden infant death.
5. The goal of newborn screening is early detection so that treatment can begin immediately. This provides the potential for the child to have the best health outcome possible through early screening.

I choose **NOT** to have my baby's blood taken for repeat testing that has been requested to complete the newborn screen.

I understand the above information and I accept full responsibility for any consequences related to **NOT** completing the newborn screen for my child.

I have chosen not to complete the newborn screen for my child because:

Baby's name

Date of Birth

Parent/Guardian signature

Parent/Guardian name please print

Date

Primary Care Provider signature

Primary Care Provider name please print

Date

Maritime Newborn Screening
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