Connecticut Newborn Screening (NBS) Program
Parent/Guardian Refusal (Waiver) of Newborn Screening

Connecticut General Statutes, Section 19a-55 allows a parent or guardian of an infant to refuse permission for newborn screening blood-spot testing, because such a test is in conflict with the parent’s or guardian’s religious beliefs and practice.

I, _________________________________, the ☐ parent ☐ legal guardian of baby ________________________________,

(Name of Parent or Guardian) (Infant’s name)

born on ______________________ at ________________________________________,

(Date of Birth) (Name of hospital or birthing center or if baby was born outside of hospital write “home”)

refuse permission for a heel-stick blood sample be taken from my baby for the purpose of Newborn Screening testing, because the test is in conflict with my religious beliefs and practice. The risks and benefits of Newborn Screening blood-spot testing have been fully explained to me and I understand and accept responsibility for choosing not to have the screening test performed.

Signature of Parent or Guardian: ____________________________________________ Date signed: _____________

Printed Name of Parent or Guardian: ____________________________________________

Relationship to baby: ☐ mother ☐ father ☐ legal guardian

For Hospital/Birthing Center, Midwife or PCP Use Only:

Infant’s accession number (if available): __________________________ Printed Name/Title of Witness: __________________________

Signature of Witness: __________________________________________ Date Witnessed: __________________________

Name & phone of person submitting this form: __________________________________________

Name & phone number of PCP: __________________________________________

Parent/Guardian Contact Information: __________________________________________ Phone: __________________________

(Street address including city and zip code)

Keep a copy of this form in the infant’s medical record and fax or mail a copy to:

Connecticut Newborn Screening Program,
395 West Street, Rocky Hill, CT 06067-3503
Phone: 860-920-6628, Fax: 860-730-8385

Please note: It is no longer necessary to send the blank NBS Specimen Card to the Lab. The waiver is all that is necessary

Updated 04/2019