Exemptions

Religious Objections

A religious exemption can be claimed from the requirement for the newborn screening tests. In this event, the person otherwise responsible for submitting the specimen for testing is responsible for submitting a copy of the Informed Dissent form to the state laboratory signed by the infant's parent; see page 27.

Parental Refusal

In the event a parent refuses the testing, the program strongly urges practitioners to obtain an "Informed Dissent" signed by the parent and placed in the infant's medical record. Suggested wording is provided on the next page.

Newborn Screening Test Refusal

Name of Infant	Birth Date	Medical Record Number

Hospital of Birth

Street Address	City/State/Zip

I have read the Department of Health and Welfare Newborn Screening brochure. This brochure explains newborn screening for cystic fibrosis, metabolic, endocrine and hemoglobin disorders.

I have been told and I understand that Administrative Code requires screening for all infants born in Idaho because of the benefit to the infant and family of early detection and treatment of disorders on the screening panel.

I have been told and I understand that NBS detects over 30 disorders whose symptoms may not appear for several weeks or months.

I have been told and I understand that the risk of my infant having one of these conditions is approximately 1:900.

I have been told and I understand that untreated, these conditions may cause permanent damage to my child. If affected and not treated, my infant may suffer serious mental retardation, growth failure and in some cases death.

I have discussed the testing with _____ MD / RN.

He/She has explained and I understand all the risks involved if my child is not screened.

I have been informed and I understand the nature of the screening and how the screening sample is collected.

I object to newborn screening and I do not want _____ screened for these conditions.

I have freely made my decision without force or encouragement from my doctor, hospital personnel, or state officials.

Signed _____ Relationship _____

Witnessed by _____ Date _____

CC: OSPHL
Medical Records
Pediatrician / Primary Practitioner