



Instructions to Complete Form to Refuse the Newborn Screening Blood Test

Download refusal form here: [English Form](#) / [Spanish Form](#)

- Explain the importance of newborn screening to the parent(s)/guardian(s).
 - 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(s)/guardian(s) have.
- Request the parent(s)/guardian(s) read the Form to Refuse the Newborn Screening Blood Test.
- Ask a parent/guardian to check the acknowledgement statements, sign and date, and print name on the form.
- Have staff reviewing information with the parent(s)/guardian(s) sign, date, and print name on the form.
- Complete the bottom portion of the form with facility information (or use a DSHS provided submitter label).
- Make a copy of the form and give to the parent(s)/guardian(s).
- Detach bottom portion of form and return to DSHS with other NBS specimen shipments.
- Retain original form in the patient's medical records.

For more information or questions:

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



Form to Refuse the Newborn Screening Blood Test

- Your child may look well for weeks or months with certain serious illnesses the newborn screening test finds.
Treatment may be required to prevent your child from dying or having handicaps.
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: https://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 my religious practices.
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: _____ Date: _____

Printed Name of Parent: _____

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

Facility/Provider Name: _____ (or use DSHS provided submitter label)

NBS Submitter ID#: _____

City/State/Zip: _____

Date: _____

Affix DSHS Provided Submitter Label Here

* Return this portion to DSHS with other NBS specimens.

DSHS Use Only: