



# REFUSAL OF NEWBORN BLOOD SPOT SCREENING TEST

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF SPECIAL HEALTH SERVICES-NEWBORN SCREENING AND FOLLOW-UP PROGRAM

SFN 60025 (7-2021)

## What is Newborn Blood Spot Screening?

Every baby born in North Dakota (ND) is required by law to complete the newborn screening blood spot test; however, the parent/guardian may refuse. The test is done by taking a few drops of blood from a baby's heel, placing it on a dried blood spot card, and sending it to the laboratory for the testing of nearly 50 disorders.

Babies with these disorders may look and act like healthy newborns, but may have a medical condition that could cause serious illness, disability, or death. By the time symptoms appear, permanent damage may have already occurred.

Treatment is available for the disorders screened, and most babies who are identified early can grow up to be healthy.

After testing, the blood spot cards are returned to the ND Department of Health for storage and destroyed after the child turns 18 years old. If there are concerns about storing the blood spot card, you may request the card be returned to you by contacting the ND Newborn Screening and Follow-Up Program.

## Parent/Guardian Acknowledgments:

I have been informed about newborn blood spot screening and have read and received written information about the test.

I have discussed this screening with my provider and I accept all responsibilities for the possible outcomes to my baby for refusing the newborn blood spot screening test.

**I do not want my baby screened for these disorders.**

Reason for Refusal (optional)
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Name of Baby (First, Middle, Last)		Date of Birth	
Name of Parent/Guardian (First, Last)	Relationship to Baby	Telephone Number	
Parent/Guardian Mailing Address	City	State	ZIP Code

Place of Baby's Birth (Name of Facility, Hospital, or Home)				
Mailing Address		City	State	ZIP Code
Name of Birth Attendant (First, Last)	Title of Birth Attendant (i.e. Physician, Midwife, Parent)		Telephone Number	
Health Care Provider for Baby Following Birth (First, Last)		Name of Facility		

Parent/Guardian Signature	Printed Name	Parent Date
Witness Signature	Printed Name	Witness Date

**Original:** Baby's Medical Record

**Copy:** Parent/Guardian

**Copy:** North Dakota Newborn Screening and Follow-Up Program  
Division of Special Health Services  
North Dakota Department of Health  
600 East Boulevard Ave., Dept. 301  
Bismarck, ND 58505-0200

**Fax:** 701-328-1645

This refusal form must be sent to the ND Department of Health within six days after testing was refused.

For questions regarding the newborn blood spot screening test or for more information call 701-328-2436 or 1-800-755-2714 or visit [www.ndhealth.gov/newbornscreening](http://www.ndhealth.gov/newbornscreening)