

Nevada State Health Laboratory  
Newborn Screening Program  
1664 North Virginia Street, MS 0385  
Reno, NV 89557  
(P) 775.682-6238 (F) 775-327-5198



Newborn Screening Follow-Up  
(P) 702.289.4578 (F) 866.678.5589

---

## NEWBORN SCREENING REFUSAL FORM

Full Name of Infant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hospital of Birth: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

- I/We have been informed and understand that newborn screening is mandated for all babies born in Nevada (NAC 442.030).
- I/We have received and read the brochure entitled "Nevada Newborn Screening Program" describing the conditions identified by newborn screening that include metabolic, endocrine, hemoglobin, and cystic fibrosis disorders.
- I/We have been informed and understand that the goal of newborn screening is early detection of treatable disorders and that symptoms may not appear for several weeks or months.
- I/We have been informed and understand that if undetected or untreated in the newborn period, these conditions may cause permanent damage such as serious mental retardation, developmental delays, growth failure, and in some cases, death.
- The benefits of the newborn screening and the potential dangers of not being screened have been explained to me/us. My/Our decision to refuse the newborn screening is made freely without force or encouragement by my/our doctor, my baby's doctor, hospital staff, or State officials. **Reason for refusal:**  
\_\_\_\_\_
- I/We accept all responsibility, legal and otherwise, for the consequences of my/our decision NOT to agree to the collection of blood sample from my/our baby for the newborn screening tests.

Parent/Legal Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DR/RN/MW Printed Full Name: \_\_\_\_\_

DR/RN/MW Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original: Infant's Medical Record

Copies: Parent/Guardian, Baby's PCP, Fax to Newborn Screening Follow-Up @ 866-678-5589 or 775-327-5198 \*Must be submitted within 2 working days of completion (NAC 442.050).

Revised: 12/8/2020