

NEWBORN SCREENING

Refusal of Consent



- I have been informed that newborn screening is mandated for all babies born in South Dakota, pursuant to SDCL 34-24-17
- I have read the Newborn Screening and Services Brochure and discussed newborn screening with a healthcare provider.
- I understand that the screening is done for the early detection of treatable disorders. I understand that symptoms may not appear for several weeks, months, or years.
- I understand that when newborn screening conditions are not detected and treated in the newborn period, there can be permanent damage such as intellectual disabilities, developmental delays, growth failure, and even death.

BLOOD SPOT

I refuse to have blood taken from my child to determine if he or she may have a metabolic, endocrine, hemoglobin, or other disorder that can be detected through newborn screening. Metabolic refers to how the body digests food. Endocrine refers to how the body controls many functions. Hemoglobin refers to blood. I understand the benefits of newborn blood screening. The potential risks/dangers of not being screened have been explained to me, and I understand the risks/dangers of not consenting to the blood screening.

REASON FOR BLOOD SPOT REFUSAL:

- | | | | | |
|---|------|----------|---------|------------------------|
| Personal choice | Cost | Religion | Culture | Do not want heel prick |
| Prefer to screen at a later date (before 3 months of age) | | | Other | |

Child's Healthcare Provider:

HEARING

I refuse the newborn hearing screening. I understand that deafness or hard of hearing may not be noticeable at birth without screening. Any level of deafness or hard of hearing in one or both ears may delay speech, language, emotional, and social development.

REASON FOR HEARING REFUSAL:

- | | | | |
|--|------|----------|---------|
| Personal choice | Cost | Religion | Culture |
| Prefer to screen at a later date (before 1 month of age) | | Other | |

Child's Healthcare Provider:

I, the parent /legal guardian/custodian of _____, born on _____,
Full name of infant
Date of birth

refuse the newborn blood spot and/or hearing screening. My decision to refuse the newborn screening was made knowingly, freely and without force or encouragement by my doctor or midwife, my baby's doctor, the hospital staff, or state officials. I accept all responsibility for this decision.

 Full name of mother or Legal Guardian/Custodian Signature Date

 Full name of father or Legal Guardian/Custodian Signature Date

 Full name of licensed healthcare provider* Signature Date

*Licensed healthcare providers include physicians, nurses, and midwives.

- CHECK ONE:**
- | | |
|--------------------|---------------|
| HOSPITAL BIRTH | List Facility |
| NON-HOSPITAL BIRTH | List Provider |

THE PARENT/GUARDIAN HAS REFUSED ALL OR SOME PARTS OF THE NEWBORN SCREEN AND HAS REFUSED TO SIGN.

HEALTHCARE PROVIDER INSTRUCTIONS

1. Have the parent(s)/legal guardian(s) read the Newborn Screening and Services Brochure.
2. Complete this form for each infant when the parent(s)/legal guardian(s) refuse(s) newborn screening.
3. Provide a copy of the form to the parent(s)/legal guardian(s) and send a copy to the baby's primary care provider.
4. Keep the originals for your records.
5. Email to dohnewbornscreening@state.sd.us or fax a copy of this form to 866-579-8246 - Attention: Newborn Screening Program.
6. For additional forms, please print from the Department of Health website at <https://doh.sd.gov/programs/new-born-screening/>

34-24-17. Screening of newborn infants for metabolic, inherited, and genetic disorders.

Each infant born in South Dakota shall be screened for metabolic, inherited, and genetic disorders. This screening shall be as prescribed by the Department of Health.

Source: SL 1973, ch 233, § 2; SL 1990, ch 170, § 8; SL 2015, ch 185, § 1.

44:19:02:05. Responsibilities of parents. The parent, guardian, or custodian of each infant is responsible for having blood tests as identified in § 44:19:01:04 performed within the first 48 hours of an infant's life. If a parent, guardian, or custodian refuses to have a newborn tested pursuant to § 44:19:01:04, despite having been notified of the need for testing, the parent, guardian, or custodian shall sign a written statement regarding the refusal.

Source: 18 SDR 67, effective October 16, 1991; 23 SDR 91, effective December 9, 1996; 31 SDR 164, effective May 9, 2005; 41 SDR 109, effective January 5, 2015; 42 SDR 14, effective August 10, 2015.

General Authority: SDCL [34-24-25](#).

Law Implemented: SDCL [34-24-17](#), [34-24-23](#), [34-24-24](#).

44:19:02:06. Responsibilities of hospitals, physicians, and other health professionals. The attending physician, other health professional, hospital, or public health facility shall notify the parents, guardian, or custodian of each infant of the responsibility and need to have the newborn screening tests performed. The submitter shall place all newborn screening test results in the newborn patient's record. If a parent, guardian, or custodian refuses to have the newborn tested, the attending physician, other health professional, hospital, or public health facility shall obtain a written signed statement from the parent, guardian, or custodian of the infant regarding the refusal and place it in the newborn patient's record, notify the department within 24 hours of the refusal.

Source: 31 SDR 164, effective May 9, 2005; 41 SDR 109, effective January 5, 2015.

General Authority: SDCL [34-24-25](#). **Law Implemented:** SDCL [34-24-17](#), [34-24-23](#), [34-24-24](#).



CONTACT US:

dohnewbornscreening@state.sd.us

605-312-0978 or 605-312-0976

1-800-738-2301