



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: