

## NEWBORN SCREENING ONTARIO DECLINE/ DEFER FORM

### **I have been informed that:**

1. Newborn screening for at least 29 treatable diseases is a medical recommendation and considered standard of care for every baby born in Ontario. My baby can look normal and still have one of these diseases that can cause mental retardation, growth and health problems, and/or sudden infant death. The goal of screening is early detection - so that treatment can be started early and better health achieved.
2. Newborn screening samples should ideally be obtained between 24-72 hours of age. Some of the diseases on the screening panel, however, can cause severe health problems in the first week of life, and screening is therefore recommended at hospital discharge even if this occurs before 24 hours of age.
3. Newborn screening will be available to my baby at any time within the first year of life but the benefits are greatest if the newborn screening tests are done within the first week of life. If I would like my baby screened at a later date, I have been informed that I can speak to my baby's health care provider.

### **Please complete the relevant section**

- I choose **NOT** to have my baby's blood taken for newborn screening tests (either for the original screen or as required for repeat testing in instances of transfusion or unsatisfactory initial samples).

OPTIONAL: The reason(s) I have chosen to not have my baby screened is

\_\_\_\_\_.

**OR**

- My baby is/ will be discharged before 24 hours of age and I plan to have my baby screened at a later date.

\_\_\_\_\_  
Baby's name

\_\_\_\_\_  
NBS card serial number (i.e. B 123456)

\_\_\_\_\_  
Parent/guardian: signature

\_\_\_\_\_  
Parent/guardian: please print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/midwife: signature

\_\_\_\_\_  
Physician/midwife: please print

\_\_\_\_\_  
Physician/midwife: phone #

\_\_\_\_\_  
Date

### **IMPORTANT INFORMATION**

- This form must be accompanied by an NBS card with the demographic portion completed (including date of birth and health card number), in order to be processed.
- This form is intended for use by those who do not yet have the most recent version of the NBS card, which includes a version of the decline/defer form as an attachment.

