Parental Refusal for Newborn Screening Example

Baby's Name: ___________________________ Baby's Date of Birth: ________

Mother's Name or Guardian: ___________________________ Father's Name or Guardian: ___________________________

I(We), the parent(s) of this baby, object to and refuse the requirement that my (our) child be screened for the presence of the disorders listed on the Michigan Department of Health and Human Services (MDHHS) newborn screening (NBS) panel shown on page two of this document, and posted on the newborn screening website.

I (We) have been fully informed of and fully understand the possible devastating consequences to my (our) child’s health, including severe mental and/or physical impairment or death resulting from the disorders screened for by the MDHHS NBS Program.

Therefore, I (we) release the MDHHS, the hospital of birth and the person responsible for collection of the specimen from responsibility for screening my (our) child for the disorders listed on the MDHHS NBS panel. Furthermore, I (we) release and hold the MDHHS, the hospital of birth and the person responsible for collection of the specimen harmless for any injury, illness, and/or sequelae that may result to my (our) child as a consequence of my (our) refusal to consent to the screening for the disorders listed on the MDHHS NBS panel.

Print mother’s/guardian’s name: ___________________________ Signature: ___________________________ Date: ________

Print father’s/guardian’s name: ___________________________ Signature: ___________________________ Date: ________

Print witness’s name: ___________________________ Signature: ___________________________ Date: ________

Print witness’s name: ___________________________ Signature: ___________________________ Date: ________

Returned signed copy by mail:

MDHHS
Attention: Newborn Screening
333 S. Grand Ave., 2nd floor
PO Box 30195
Lansing, MI 48909

OR
Fax: 517-335-9419 or 517-335-9739

To assist in improving the NBS Program we ask that you please indicate why you are refusing the blood spot test for your baby: Please circle:

Cannot afford to pay for the card
Religious reasons
Privacy concerns

Other reason: ___________________________
DISORDER LIST

The Newborn Screening Laboratory screens all Michigan infants for more than fifty disorders.

Amino Acid Disorders

1. Argininemia (ARG)
2. Argininosuccinic acidemia (ASA)
3. Citrullinemia Type I (CIT-I)
4. Citrullinemia Type II (CIT-II)
5. Homocystinuria (HCY)
6. Hypermethioninemia (MET)
7. Maple syrup urine disease (MSUD)
8. Phenylketonuria (PKU)
   9. Benign hyperphenylalaninemia defect (H-PHE)
10. Biopterin cofactor biosynthesis defect (BIOPT-BS)
11. Biopterin cofactor regeneration defect (BIOPT-REG)
12. Tyrosinemia Type I (TYR-1)
13. Tyrosinemia Type II (TYR-II)
14. Tyrosinemia Type III (TYR-III)

Fatty Acid Oxidation Disorders

15. Carnitine acylcarnitine translocase deficiency (CACT)
16. Carnitine palmitoyltransferase I deficiency (CPT-1A)
17. Carnitine palmitoyltransferase II deficiency (CPT-II)
18. Carnitine uptake defect (CUD)
19. Dienoyl-CoA reductase deficiency (DERED)
20. Glutaric acidemia type II (GA-2)
21. Long-chain L-3-hydroxy acyl-CoA dehydrogenase deficiency (LCHAD)
22. Medium/short-chain L-3-hydroxy acyl-CoA dehydrogenase deficiency (M/SCHAD)
23. Medium-chain acyl-CoA dehydrogenase deficiency (MCAD)
24. Medium-chain ketoacyl-CoA thiolase deficiency (MCKAT)
25. Trifunctional protein deficiency (TFP)
26. Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)

Organic Acid Disorders

27. 2-Methyl-3-hydroxy butyric aciduria (2M3HBA)
28. 2-Methylbutyryl-CoA dehydrogenase deficiency (2MBG)
29. 3-hydroxy 3-methylglutaric aciduria (HMG)
30. 3-Methylcrotonyl-CoA carboxylase deficiency (3-MCC)
31. 3-Methylglutaconic aciduria (3MGA)
32. Beta-ketothiolase deficiency (BKT)
33. Glutaric acidemia type I (GA1)
34. Isovaleric acidemia (IVA)
35. Malonic Acidemia (MAL)
36. Methylmalonic acidemia cobalamin disorders (Cbl A,B)
37. Methylmalonic aciduria with homocystinuria (Cbl C,D)
38. Methylmalonic acidemia methylmalonyl-CoA mutase (MUT)
39. Multiple carboxylase deficiency (MCD)
40. Propionic acidemia (PROP)

Hemoglobinopathies

41. S/Beta thalassemia
42. S/C disease
43. Sickle cell anemia
44. Variant hemoglobinopathies
45. Hemoglobin H disease

Endocrine Disorders

46. Congenital adrenal hyperplasia (CAH)
47. Congenital hypothyroidism (CH)

Lysosomal Storage Disorders

48. Glycogen storage disease type II (Pompe)
49. Mucopolysaccharidosis type I (MPS I)

Other Disorders

50. Biotinidase deficiency (BIOT)
51. Galactosemia (GALT)
52. Cystic fibrosis (CF)
53. Severe combined immunodeficiency (SCID)
54. T-cell related lymphocyte deficiencies
55. Hearing
56. Critical congenital heart disease (CCHD)

Disorder Coming Soon

The following condition has been approved for addition to Michigan’s panel but implementation is in progress and screening has not yet begun.

- X-linked adrenoleukodystrophy (X-ALD)

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