

Newborn Screening Program 302-651-5079

Fax: 302-295-0719

## PARENT REFUSAL OF INCLUDING NEWBORN SCREENING RESULTS IN A PASSWORD-PROTECTED HEALTH INFORMATION NETWORK

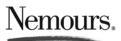
By signing this form, I understand that I am choosing NOT to have my child's blood spot results saved in a password-protected health information network.

I understand that results in a password-protected network are accessible only to health care professionals involved in the care of my child. These include my child's primary care practitioner or medical subspecialist (Pediatrician, Pediatric Subspecialist, Nurse Practitioner, or Family Physician).

I understand that no research will be done involving this information (specifically, information including my child's name or other identifying information) without parental consent.

Name of child:			_ Birth o	date:
Hospital or place of birth:				
Parent or guardian signature:				
Parent or guardian printed name:				
Relationship to child:			_ Date:	
Street address:				
City:	_ State:	Zip:		_ Phone:
Sand completed form to Namours No.	whorn Scrooning	n Drogram		Eav. 202 205 0710

Send completed form to: Nemours Newborn Screening Program 1600 Rockland Road Wilmington, DE 19803





Phone: 302-651-5079