Nemours. Alfred I. duPont Hospital for Children

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 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: _____

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

Fax: 302-295-0719
Phone: 302-651-5079