



eidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NATIONAL NEWBORN BLOODSPOT SCREENING PROGRAMME

OPT-OUT FORM

Baby's Unique Perinatal Identifier (UPI): -

Baby's Surname:

Baby's First Name:

Baby's Address: Hospital/Birth Place

Mother's Surname:

Time of Birth: Date of Birth: Birth Weight (kgs): .

RBC Transfusion Received? Y N If Yes Date of First Transfusion: Time of First Transfusion:

Date of First Feed: Local Health Office:

Gender: (Please circle) M F
Gest Age: (weeks)
Rank:

- I _____ being the parent/guardian of Baby _____ do not consent to allow the Newborn Bloodspot Screening Test (Heel-Prick) to be carried out on my baby.
- I have read the information leaflet on Newborn Bloodspot Screening and the test has also been explained to me.
- I fully understand the importance of the decision that I am taking by not allowing my baby to be tested.
- I understand that not detecting or treating one of the conditions, should baby have one, may result in severe intellectual or physical disability which could require long term care or result in premature death.

Signed (Parent/Guardian): _____

Full Name (PRINT): _____ Date: _____

Signed by potential sample taker: _____ Date: _____

Position/Job Title: _____ Health Area Office: _____

OFFICIAL USE ONLY

6 copies of the completed form, signed by parent/guardian and sample taker should be made. A copy to be given to the parent/guardian and a copy kept by the sample taker.

Copies are to be posted to each of the following:- • The Director of Nursing/Midwifery • Director of Public Health Nursing • National Newborn Bloodspot Screening Laboratory • The baby's General Practitioner

	Director of Nursing/Midwifery	Director of Public Health Nursing	National Newborn Bloodspot Screening Laboratory (NNBSL)	General Practitioner
Name				
Address			NNBSL, Children's University Hospital, Temple Street, Dublin 1	
Date Sent				

Signed (Sample taker): _____ Date: _____

Name (Block Capitals): _____

N.B.: The cystic fibrosis screen is not suitable if baby is over six weeks of age.

Parents/Guardians may change their mind but it is their responsibility to inform the GP or Public Health Nurse.