

**REFUSAL OF CONSENT FOR NEWBORN SCREENING**

I, we, \_\_\_\_\_, parents of  
\_\_\_\_\_, born on \_\_/\_\_/\_\_ decline consent for the  
procedure of newborn screening.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_ (signature)

\_\_\_\_\_ (print name)

\_\_\_\_\_ (designation)