



# Department of Health

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Governor

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Acting Commissioner

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## Refusal of Newborn Screening for Religious Reasons

Infant's name \_\_\_\_\_ Infant's Date of Birth \_\_\_\_\_

Infant's Place of Birth \_\_\_\_\_

I, the undersigned parent or legal guardian of infant \_\_\_ boy \_\_\_ girl \_\_\_\_\_ born at  
\_\_\_\_\_ Last name  
\_\_\_\_\_ have made the decision not to have the above infant  
\_\_\_\_\_ Hospital of birth  
screened by the New York State Newborn Screening Program because \_\_\_\_\_

I understand that the New York State law mandates that all infants shall be screened for disorders listed on the following page and only exempts infants from this requirement if the parent or guardian of the infant advises the physician or nurse-midwife attending the birth or the administrative officer of the hospital that the parent or guardian is a member of a recognized religious organization whose teachings and tenets are contrary to this testing.

**I have been advised of the benefits of the newborn screening and the risks and consequences of refusal of screening. I accept the legal responsibility for the consequences of this decision.**

Signed: \_\_\_\_\_  
Parent or legal guardian

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witnessed by: \_\_\_\_\_  
Medical personnel (signature)

I have explained the means by which the newborn screening tests are done, the meaning of the results, the possible consequences to this infant of not performing these tests and have answered any questions the above parent/legal guardian had about these tests.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**Print and send original to:**  
NYS Newborn Screening Program  
David Axelrod Institute  
120 New Scotland Avenue  
Albany, NY 12208

Retain a copy for this child's permanent record

**Disorders Identified by the New York State Newborn Screening Program**

Group		Condition	
Endocrinology		Congenital adrenal hyperplasia	
		Congenital hypothyroidism	
Hemoglobinopathies		Hb SS disease (Sickle cell anemia)	
		Hb SC disease	
		Hb CC disease	
		Other hemoglobinopathies	
Infectious Diseases		HIV-1 infection (HIV-1)	
Amino Acid Disorders		Homocystinuria (HCY)	
		Hypermethioninemia (HMET)	
		Maple Syrup Urine Disease (MSUD)	
		Phenylketonuria (PKU) and Hyperphenylalaninemia (HyperPHE)	
		Tyrosinemia (TYR)	
Inborn Errors of Metabolism	Fatty Acid Oxidation Disorders	Carnitine-acylcarnitine translocase deficiency (CAT)	
		Carnitine palmitoyltransferase I (CPT-1) and II (CPT-II) deficiencies	
		Carnitine uptake defect (CUD)	
		2,4-Dienoyl-CoA reductase deficiency (2,4Di)	
		Long-chain 3-hydroxyacyl-CoA dehydrogenase deficiency (LCHAD)	
		Medium-chain acyl-CoA dehydrogenase deficiency (MCAD)	
		Medium-chain ketoacyl-CoA thiolase deficiency (MCKAT)	
		Medium/short-chain hydroxyacyl-CoA dehydrogenase deficiency (M/SCHAD)	
		Mitochondrial trifunctional protein deficiency	
		Multiple acyl-CoA dehydrogenase deficiency (MADD) [also known as Glutaric acidemia type II (GA-II)]	
		Short-chain acyl-CoA dehydrogenase deficiency (SCAD)	
		Very long-chain acyl-CoA dehydrogenase deficiency (VLCAD)	
		Organic Acid Disorders	Glutaric acidemia type I (GA-I)
			3-Hydroxy-3-methylglutaryl-CoA lyase deficiency (HMG)
	Isobutyryl-CoA dehydrogenase deficiency (IBCD)		
	Isovaleric acidemia (IVA)		
	Malonic acidemia (MA)		
	2-Methylbutyryl-CoA dehydrogenase deficiency (2-MBCD)		
	3-Methylcrotonyl-CoA carboxylase deficiency (3-MCC)		
	3-Methylglutaconic acidemia (3-MGA)		
	2-Methyl-3-hydroxybutyryl-CoA dehydrogenase deficiency (MHBD)		
	Methylmalonyl-CoA mutase deficiency (MUT), Cobalamin A,B (Cbl A,B) and Cobalamin C,D (Cbl C,D) cofactor deficiencies and other Methylmalonic acidemias (MMA)		
	Mitochondrial acetoacetyl-CoA thiolase deficiency (beta-ketothiolase deficiency) (BKT)		
	Multiple carboxylase deficiency (MCD)		
	Propionic acidemia (PA)		
	Urea Cycle Disorders		Argininemia (ARG)
		Argininosuccinic acidemia (ASA)	
		Citrullinemia (CIT)	
	Other Genetic Conditions	Adrenoleukodystrophy (X-linked) (ALD)	
		Biotinidase deficiency (BIOT)	
		Cystic Fibrosis (CF)	
		Galactosemia (GALT)	
		Guanidinoacetate Methyltransferase Deficiency (GAMT)	
Krabbe Disease			
Mucopolysaccharidosis Type 1 (MPS I)			
Pompe Disease			
Severe Combined Immunodeficiency Disease (SCID)			
Spinal Muscular Atrophy (SMA)			

For more information on the New York State Newborn Screening Program and the disorders in the panel please visit our webpage at [www.wadsworth.org/newborn-screening-program](http://www.wadsworth.org/newborn-screening-program)