

Diddaa ykn Harkifannaa Warraa Qorannoo Daa'ima Refuu dhalate irratti

Parental Refusal or Delay of Newborn Screening

Ormo

Odeeffannoo fayyaa eegumsa qabu afaan hiikuuf heyyama kennuu

IBSITUUN DHUKKUBSATAA ARMAAN GADIITTI AKKA GUUTAMU YKN HAGUUGAMU GODHAA

Place patient label to cover or complete below

Maqaa Daa'imaa(XUMURA, JALQABA)
Baby's Name (LAST, FIRST)

Guyyaa Dhalootaa
Date of Birth

Maqaa Haadhaa(XUMURA, JALQABA)
Mother's Name (LAST,FIRST)

Hospitaala/ Deesistuu
Hospital/Midwife

Qorannoo mucaa keessanii diduu ykn tursiisuuf mirga qabdu. Kutaa (wwan) qorannoo daa'ima reefuu dhalate isa kam diduu ykn harkifachuu akka barbaaddan filachuudhaan armaan gadiitti jalqabaa.

Balaa daa'ima keessan sakatta'uu fi/ykn qorannoo irratti harkifachuun isin mudatu isinitti himameera. Unka kana mallatteessuu jechuun yeroo kanatti **qorannoo diduu jechuudha**. Yeroo booda daa'imni keessan akka qoratu filachuu dandeessu. Yoo qorannoon daa'imman reefuu dhalatee booda akka godhamu filattan, MDH yeroo qorannoon baay'ee sirrii ta'etti umurii torban tokko keessatti qorannoo akka xumurta cimsee jajjabeessa.

Yoo daa'imni keessan akka qoratu filattanii fi MDH'n bu'aa qorannoo daa'ima keessanii fi saamuda dhiigaa akka kuufatu hin barbaanne, yeroo barbaaddanitti akka balleessan gochuuf filannoon ni jira. Unka barbaachisu argachuuf, maaloo marsariitii Sagantaa Sakatta'iinsa Daa'immanii MDH daawwadhaa www.health.state.mn.us/people/newbornscreening

You have the right to refuse or delay having your baby screened. Select and initial below which part(s) of newborn screening you wish to refuse or delay.

You have been informed of the risks of delaying and/or not screening your baby. Signing this form means you are refusing screening **at this time**. You can choose to have your baby screened at a later time. If you choose to have newborn screening done later, MDH strongly encourages completing screening within one week of age when screening is most accurate.

Should you choose to have your baby screened and do not want MDH to keep your baby's test results and blood spots, there is the option to have them destroyed at any time. Please see the MDH Newborn Screening Program website for the required form www.health.state.mn.us/people/newbornscreening

<p>SAAMUDA DHIIGAA</p>	<p>Mallattoo fi miliikkinni dhukkuba kanaa guyyoota jalqabaa jireenya keessatti mul'achuu akka danda'u nan hubadha. Mallattoowwan tokko tokko torban ykn ji'oota hedduudhaaf mul'achuu dhiisuu danda'u. Dhukkuboonni kunneen dursanii adda baafamanii yoo hin yaalamne rakkoo fayyaa dhaabbataa ykn du'a fiduu danda'u.</p>	<p>DIDUU Refuse</p>	<p>Qubee Jalqaba Warra/ Guddistuu Parent/Guardian Initials</p>
<p>BLOOD SPOT</p>	<p>I understand signs and symptoms of disease can occur within the first few days of life. Some signs and symptoms may not show for several weeks or months. Permanent health problems or death can occur if these diseases are not identified and treated early.</p>	<p>HARKIFANNA Delay</p>	<p>Qubee Jalqabaa Ragoolii Witness Initials</p>
<p>DHAGEETTII</p>	<p>Dhageettii dhabuun qorannoo malee yeroo dhalatan mul'achuu dhiisuu akka danda'u nanhubadha. Dhageettii dhabuun kamiyyuu guddina dubbii, afaan, miiraa fi hawaasummaa duubatti harkisuu danda'a.</p>	<p>DIDUU Refuse</p>	<p>Qubee Jalqaba Warra/ Guddistuu Parent/Guardian Initials</p>
<p>HEARING</p>	<p>I understand that hearing loss may not be noticeable at birth without screening. Any amount of hearing loss may delay speech, language, emotional and social development.</p>	<p>HARKIFANNA Delay</p>	<p>Qubee Jalqabaa Ragoolii Witness Initials</p>

OKSIMEETIRII

Mallattoo fi milikkita mudaa onnee akka ta'e nan hubadha yeroo tokko tokko torban ykn ji'oota hedduudhaaf hin mul'atu. Yoo yeroodhaan adda baafamuun hin yaaliin hin godhamne miidhaa dhaabbataa ykn du'a uumamuu danda'a.

**PULSE
OXIMETRY**

I understand that the signs and symptoms of heart defects sometimes do not appear for several weeks or months. Permanent damage or death can occur if not identified and treated early.

**DIDUU
Refuse**

Qubee Jalqaba Warra/ Guddistuu
Parent/Guardian Initials

**HARKIFANNAA
Delay**

Qubee Jalqabaa Ragoolii
Witness Initials

Sakatta'iinsa **HARKIFANNAA** kamiifuu, maaloo maqaa eenyuun qorannoo daa'ima keessanii akka xumuru nuuf kennaa:
For any **DELAYED** screenings, please provide the name of who will complete your baby's screening:

Maqaa kilinika/dhiyeessaa/deessistuu:
Clinic/provider/midwife name:

Maqaa warraa ykn guddiftuu maxxanfame:
Parent or Guardian Printed Name:

Mallattoo Warra ykn Guddiftuu:
Parent or Guardian Signature:

Guyyaa:
Date:

Hariiroo daa'ima reefuu dhalate waliin:
Relationship to Newborn:

Lakkoofsa Bilbilaa:
Phone Number:

Or-Hospital/Midwife Instructions for Completing this Form
Hospital/Midwife Instructions for Completing this Form

Or-Witness Printed Name:
Witness Printed Name:

Or-Witness Signature:
Witness Signature:

Or-Witness Title / Role:
Witness Title / Role:

Or- Second Witness Printed Name (optional):
Second Witness Printed Name (optional):

Or- Second Witness Signature (optional):
Second Witness Signature (optional):

Or-The parent(s) / guardian(s) have refused or delayed some or all parts of the newborn screen **and** have elected not to sign.
The parent(s) / guardian(s) have refused or delayed some or all parts of the newborn screen **and** have elected not to sign.

Providers - continue to page 3

Parental Refusal or Delay of Newborn Screening

Unka kana guutuuf Qajeelfama Hospitaala/Deessiftuu

To be completed by hospital/midwife only

Fuula 1 *Unka Sakatta'iinsa Diddaa Warraa ykn Daa'ima Reefuu* Daa'immanii guutamuu qaba. Unki mallattaa'e qaama galmee yaalaa daa'ima ta'ee waraabiin Department of Health isaa ni kennama (Seera MN 144.125).

Adeemsa kana sirreessuuf akkasumas hojjetoota qorannoo daa'ima reefuu dhalate irraa quunnamtii dachaa akka hin uumamneef, maaloo daa'imni dhalate guyyaa torba keessatti unka kana faksii ykn poostaadhaan gara

MDHtti ergaa. Gaaffii kamiifuu **651-201-5466** irratti bilbilaa.

Unka Jalqabaa gara:

Galmee Fayyaa Daa'ima Reefuu Dhalate

Galagalacha gara:

Minnesota Department of Health
Newborn Screening
P.O. Box 64899
St. Paul, MN 55164-0899

Faaksii: (651) 215-6285
Iimeelii: health.newbornscreening@state.mn.us

Galagalacha gara:

Warra / Guddistuu Seeraa

Galagalacha gara:

Dhiyeessaa Kunuunsa Sadarkaa Duraa / Kilinika

Page 1 of the *Parental Refusal or Delay of Newborn Screening* form must be completed. The signed form must be made part of the infant's medical record and a copy shall be provided to the Department of Health (MN Statute 144.125).

To streamline the process and avoid multiple contacts from newborn screening staff, please fax or mail the form to MDH within seven days of birth.

Call **651-201-5466** with any questions.

Original form to:

Newborn's Medical Record

Copy to:

Minnesota Department of Health
Newborn Screening
P.O. Box 64899
St. Paul, MN 55164-0899

Fax: (651) 215-6285
Email: health.newbornscreening@state.mn.us

Copy to:

Parent / Legal Guardian

Copy to:

Primary Care Provider / Clinic