



National Comprehensive Newborn Screening System



REFUSAL FORM FOR CONFIRMATORY TEST

Date: _____

The Newborn Screening Act of 2004 (Republic Act 9288) states that newborns found positive in any of the metabolic disorders through the newborn screening must undergo confirmatory testing. It is a process of verifying the newborn screening **positive** result.

The following were explained to me:

- The difference between newborn screening and confirmatory testing
- The procedure of confirmatory testing
- The health facilities which are offering confirmatory testing
- The benefits of undergoing confirmatory testing
- The disadvantage of not undergoing confirmatory testing

Despite these, as parent/guardian of _____,
(Name of patient/Newborn)

I refuse to have confirmatory done for reasons known only to me.

I declare with full knowledge and competence that this institution,

(Name of the Institution) **and health workers therein shall be free**
from all liabilities under the law because this refusal for confirmatory testing is my
decision.

I understand that a copy of this dissent form shall be part of the permanent medical records of my child/ward and will be part of a national registry/database of the National Comprehensive Newborn Screening System.

Signature over Printed Name of Parent/Guardian

Witness/es:

Signature over Printed Name/Designation