

Appendix 3

Neonatal Bloodspot Screening Test Declined

Dear Doctor,

This letter is to inform you that a patient registered with your practice has declined the offer of neonatal bloodspot screening for their baby, for one or more of the screened conditions. They have been issued with an information sheet, a copy of which is enclosed, detailing the symptoms, signs and long term effects of these conditions. The leaflet makes clear that late detection of these conditions can leave the child with irreversible sequelae. The leaflet also indicates that they should seek urgent medical advice should they change their minds or if they believe that their child is developing the symptoms of one of the screened conditions. If such concerns are raised with yourself please refer the child to the local paediatric unit without delay.

Mother's Details

Name DOB.....

Unit Number CHI Number

Address

Date of Delivery.....

Name of Baby.....

Baby's CHI Number

Screening Test(s) Declined:

Congenital Hypothyroidism
(Phenylketonuria, MCADD,
Maple syrup urine disease,
Isovaleric acidaemia,
Glutaric aciduria type 1
& Homocystinuria)

NB These conditions must be accepted or declined together

Cystic Fibrosis

Sickle Cell Disorders