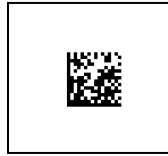




**NEWTON-WELLESLEY  
HOSPITAL**

PATIENT IDENTIFICATION AREA



**Newborn Metabolic Screening Consent  
and  
Hepatitis B Vaccine Consent**

**Metabolic Screening Consent**

The Department of Pediatrics at Newton-Wellesley Hospital is pleased to inform you of a Massachusetts Department of Public Health program to test all newborns for early signs of a number of treatable disorders.

Massachusetts law mandates ROUTINE SCREENING for these treatable disorders, unless parents object on the basis of religious beliefs.

In addition to the above mandated screening, you can choose to participate in the OPTIONAL SCREENING, which tests for severe combined immunodeficiency disorder and 3 other metabolic disorders. **Please note that the optional testing is at no extra cost and does not require any additional blood drawing. Specimens are obtained between 24-48hours after birth, or prior to discharge if discharge is earlier than 24 hours.** Sometimes babies need to be retested because of early discharge, inadequate specimen or to verify test results.

**I have received the brochure Newborn Screening in Massachusetts: Information for you and your baby.**

- I consent to the voluntary newborn screening (pilot studies) for my baby.
- I decline the voluntary newborn screening (pilot studies) for my baby.

**I release Newton-Wellesley Hospital, its directors, employees, agents, and medical professional staff of any and all liability from refusing such tests. I have read and fully understand the brochure *Answers To Common Questions About Newborn Screening*. I accept responsibility if I choose not to have the screening performed.**

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Relationship Date/Time

Baby's Pediatrician after discharge: \_\_\_\_\_

**Hepatitis B Vaccine Consent**

Your baby's doctor has recommended that your infant receive Hepatitis B vaccine to protect him/her against hepatitis. Please carefully review the CDC Hepatitis B Vaccine information sheet provided.

**I have received the information provided to me regarding Hepatitis B Vaccine. I have read or had the information explained to me and have had the chance to ask questions that were answered satisfactorily. I understand the benefits and risks.**

- I consent
- I do not consent

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Relationship Date/Time