



February 9, 2026

To: Newborn Screening (NBS) Community

From: Public Health Laboratory (PHL), South Carolina Department of Public Health (SC DPH)

Subject: Newborn Screening Refusal Form

The South Carolina Newborn Screening Program is pleased to announce an update to the Newborn Screening Refusal Form (1804-ENG-DPH). This revision is intended to provide clearer, more accessible information for parents who choose to decline newborn screening.

As a reminder, a newborn screening specimen may still be collected if a parent initially refuses. Infants may be screened up to one year of age, and all specimens must be collected via heel stick.

In addition to the updated form, the refusal form and accompanying educational brochures have been translated into Spanish, French, Ukrainian, Russian, and Portuguese to better support families across our state.

Electronic copies of the updated forms and brochures are available on the DPH Newborn Screening Frequently Asked Questions (FAQ) page. Scan the QR code below to access the FAQ page:



Providers who need printed brochures may follow the ordering instructions located on page 2 of the refusal form.

Thank you for your continued partnership in supporting the health and well-being of South Carolina's newborns. If you have any questions, please contact our team at (803) 896-0795.



Newborn Screening Dried Blood Spot Screening Refusal Form

I am the parent or legal guardian of a child born in South Carolina. I refuse the blood spot screening test for my child because of my religious beliefs. Under Section 44-37-30(A) of the South Carolina Code of Laws, this test may only be refused for religious reasons.

I understand that this test can find serious diseases early, which can prevent brain damage, other harm, or even death. I know these diseases often show no symptoms at first, and this test is the best way to diagnose them. The test is quick, easy, and confidential. South Carolina law requires that the results be kept private. The test is routinely performed for all newborns in South Carolina and across the United States.

I have been given information about the benefits of the blood spot screening test and understand the risks of refusing it. I have had a chance to ask questions, and all my questions have been answered.

I agree to hold harmless the South Carolina Department of Public Health, its officers, agents, and employees, the facility where the birth occurred, the persons responsible for the collection of the test sample, and any other person or entity relying on this objection, for any and all injury or other causes of action that may result from my decision to refuse the newborn screening test for my child.

This form requests only the minimum information necessary to meet legal and public health requirements. Completion of this testing is mandated by South Carolina law to help protect the health and well-being of all newborns.

Child's Full Legal Name: _____

Child's Date of Birth: _____

Parent or Legal Guardian Name (Print): _____

Parent or Legal Guardian Signature: _____ Today's Date: _____

SECTION FOR COMPLETION BY THE ATTENDING HEALTHCARE PROVIDER

☐ I hereby certify that I have provided newborn screening education and distributed the corresponding newborn screening brochure (00192-ENG-ML) for the child identified above.

Healthcare Provider Name (Print): _____ Credentials: _____

Healthcare Provider Signature: _____ Today's Date: _____

Birth Facility Name: _____

Birth Facility Address: _____

HOSPITALS ONLY

If a dried blood spot newborn screening specimen for the child identified above is to be collected by a midwife at a later time, please provide the name of the midwifery practice and the attending midwife.

Attending Midwife Name: _____

Midwife Affiliated Practice Name: _____

Newborn Screening Dried Blood Spot Screening Refusal Form

Instructions for Completing 1804-ENG-DPH

PURPOSE

This form is used by hospitals, health departments, and other healthcare providers to document a religious objection to newborn dried blood spot screening for inborn errors of metabolism and hemoglobinopathies.

INSTRUCTIONS

1. Only the healthcare provider responsible for the patient's direct care should read the refusal statement to the parent or legal guardian submitting a dried blood spot newborn screening refusal.
2. The parent or legal guardian should complete the top section of the refusal form.
3. The healthcare provider overseeing the patient's care should complete the bottom section of the refusal form.

OFFICE MECHANICS & FILING

Send the original to: Newborn Screening, SC DPH Public Health Laboratory, 8231 Parklane Road, Columbia, SC 29223 or fax to (803) 898-0337. Alternatively, forms may also be sent by encrypted email to NBS@dph.sc.gov. One copy can be given to the parent or legal guardian. One copy is filed under consents at the health department or healthcare facility where the form was signed.

The form will be retained following DPH records retention schedule 18810, "Newborn Screening Follow-up Documentation Records," Records Group Number: 169. The form will be retained in the Public Health Laboratory (PHL) Newborn Screening Follow-up Office for nine (9) years. After this time period is met, the information will be stored at the State Records Center for an additional 10 years and then destroyed.

ORDERING NEWBORN SCREENING BROCHURES

Newborn Screening brochures are available in multiple languages. Contact the DPH Educational Materials Library (EML) at 1-803-898-3539 or via online: <https://dph.sc.gov/professionals/health-professionals/educational-materials> to order brochures.