

Bureau of Public Health Laboratory
Newborn Screening Program
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CLIA ID#: 36D0655844
www.odh.ohio.gov/odhPrograms/phl/newbrn/nbrn1.aspx

Newborn Screening Religious Objection and Release Section

3701.501 of the Ohio Revised Code

We (I) _____ the parents of or guardian(s) of _____ object to the requirements of Section 3701.501 of the Ohio Revised Code that our (my) child be screened to determine the presence of the following disorders: Argininemia, Argininosuccinic academia, Biotinidase deficiency, Carnitine/acylcarnitine translocase deficiency, Carnitine palmitoyl transferase deficiency type II, Carnitine uptake defect, Citrullinemia, Congenital adrenal hyperplasia, Congenital hypothyroidism, Cystic fibrosis, Galactosemia, Glutaric acidemia type I and II, Homocystinuria, Hypermethioninemia, Isobutyryl-CoA dehydrogenase deficiency, Isovaleric academia, Long-chain hydroxyacyl-CoA dehydrogenase deficiency, Maple syrup urine disease, Medium-chain acyl-CoA dehydrogenase deficiency, Methylmalonic academia, Multiple CoA carboxylase deficiency, Phenylketonuria, Propionic academia, Severe Combined Immunodeficiency, Short-chain acyl-CoA dehydrogenase deficiency, Sickle cell Disease and other Hemoglobinopathies, Trifunctional protein deficiency, Tyrosinemia type-I, II and III, Very long-chain acyl-CoA dehydrogenase deficiency, 2-methylbutyryl-CoA dehydrogenase deficiency, 3-hydroxy-3-methylglutaryl-CoA lyase deficiency, 3-ketothiolase deficiency, and 3-methylcrotonyl-CoA carboxylase deficiency.

We (I) have been fully informed and fully understand the possible devastating consequences to our (my) child's health and development resulting from undetected and untreated disorders listed above and acknowledge that we (I) have received the parent information brochure on Ohio's Newborn Screening Program.

We (I) choose not to have our (my) child named above screened for the disorders listed above because such a screen conflicts with the tenets and practices of our (my) religion.

We (I) also fully understand that religious grounds are the only basis upon which an objection to the screening process can be made under the law. We (I) release the Ohio Department of Health, the Hospital of birth, and the person responsible for the collection of the specimen of responsibility for the screening of disorders listed above required by section 3701.501 of the Ohio Revised Code. Further we (I) release and hold Ohio Department of Health, the Hospital of birth, and the person responsible for the collection of the specimen harmless of any injury, illness, and /or condition which may be related to one of the disorders specified above.

Signature of Parent(s) or Guardian(s)	Date	Child's Date of Birth		
Signature of Parent(s) or Guardian(s)	Date	Parent's Address		
Signature of Witness	Date	City	State	Zip
Signature of Witness	Date	Primary Medical Care Provider (PCP)		
Place of Birth/Birth Hospital		PCP Address		