

If you agree to all provided examinations, please sign the declaration of consent on the back.

Only fill out this page if you do NOT fully agree to the screening program.

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
(or adhesive label)

I have been informed about newborn screening for congenital metabolic diseases / hormone disorders and cystic fibrosis. I have been informed about the possible negative consequences for my child in case of my rejection of selected parts of newborn screening.

**Differentiated declaration of consent**

(Please sign at each point you agree with.)

I agree to the following examinations and the transfer of data required for this purpose:

- Newborn screening for congenital metabolic diseases and hormone disorders (pages 2-3)

\_\_\_\_\_  
*Date, name (ITALICS) and signature of at least one legal guardian*

- Newborn screening for cystic fibrosis (pages 5-6)

\_\_\_\_\_  
*Date, name (ITALICS) and signature of at least one legal guardian*

- In case of a newborn screening result requiring subsequent examinations, I agree to the data transfer to the newborn screening center Heidelberg by the continuing care center until the findings have been clarified (Data transfer tracking).

\_\_\_\_\_  
*Date, name (ITALICS) and signature of at least one legal guardian*

\_\_\_\_\_  
*Date, name (ITALICS) and signature of responsible physician according to §8 subsection 1, of the German Genetic Diagnostics Act*

**This declaration of consent remains with the sender of the sample.**

**The consent for newborn screening or rejection of selected parts of the screening program must be noted on the filter paper card for newborn screening in the fields provided.**

## DECLARATION OF CONSENT FOR NEWBORN SCREENING

If you wish your child to receive newborn screening for congenital metabolic diseases / hormone disorders and cystic fibrosis, please sign on this page.

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
(or adhesive label)

- I have received the information material on newborn screening and have been adequately informed.
- I agree to newborn screening for congenital metabolic diseases / hormone disorders and cystic fibrosis on my child and to the transfer of data.
- In case of a newborn screening result requiring subsequent examinations, I agree to the data transfer to the newborn screening center Heidelberg by the continuing care center until the findings have been clarified (Data transfer tracking).
- I have been informed about the necessity of a second examination at the latest by \_\_\_\_\_ (Date).  
(A second examination is only necessary in very few children.)
- I do not consent to newborn screening for my child. I have been informed about the possible negative consequences for my child (undetected disease possibly leading to handicap and death).

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*Date, name (ITALICS) and signature of at least one legal guardian*

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*Date, name (ITALICS) and signature of responsible physician according to §8 subsection 1, of the German Genetic Diagnostics Act*

If you wish only selected examinations to be performed on your child, please complete and sign the declaration on the back.

**This declaration of consent remains with the sender of the sample.  
The consent for newborn screening or rejection of selected parts of the screening program must be noted on the filter paper card for newborn screening in the fields provided.**

