



## NEWBORN SCREENING AGREEMENT FOR NEWBORN BABIES OF MIDWIFE CLIENTS

I \_\_\_\_\_ desire to have the mothers/families of the women I assist at  
Midwife (**please print**)

birth take their newborn babies to \_\_\_\_\_ for the legally required newborn screening tests. I realize that I am responsible for the seeing that the infant receives the screening tests according to the requirements of the Newborn Screening Program at the Texas Department of State Health Services and have explained this in detail with the mother/family. Arrangements have been made with the following physicians/health care authority to do tests; such an agreement is attested to by the signatures.

\_\_\_\_\_  
Physician or Medically Responsible Authority (please print)

\_\_\_\_\_  
Signature of Above

\_\_\_\_\_  
Name of Office

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code Telephone

\_\_\_\_\_  
Signature of Midwife Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip code Telephone

*This agreement also fulfills the newborn screening requirements of the Midwifery Act, Texas Occupations Code Chapter 203, for midwives who are becoming licensed for the first time.*