



Texas Department of Licensing and Regulation
 PO Box 12057 • Austin, Texas 78711-2157
 (800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
 www.tdlr.texas.gov • cs.midwives@tdlr.texas.gov

**NEWBORN SCREENING AGREEMENT FOR
 NEWBORN BABIES OF MIDWIFE CLIENTS**

DO NOT WRITE ABOVE THIS LINE

I _____ desire to have the mothers/families of the women I assist at
 Midwife Name (please print)

birth take their newborn babies to _____ for the legally required Newborn
 Screening tests. I realize that I am responsible for 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 to the mother/family. Arrangements have been made with the following physician/health care authority to do
 tests; such as agreement is attested to by the signatures.

 Physician or Medically Responsible Authority (please print)

 Physician or Medically Responsible Authority (signature)

 Name of Office

 Mailing address (Number, Street)

City	State	Zip Code
_____	_____	_____

Signature of Midwife	Date
_____	_____

 Mailing address (Number, Street)

City	State	Zip Code
_____	_____	_____

 Phone Number