**Cytomegalovirus (CMV) Screening Authorization/Refusal Template**

**What is CMV?** CMV is a common virus that can infect people of all ages. CMV is the most common cause of non-hereditary congenital hearing loss. A pregnant mother who has CMV can pass on the infection to her baby. This can potentially damage the infant’s brain, vision, and/or hearing. According to the National CMV Foundation, one out of 150 children in the United States are born with CMV, and one in five children born with CMV will develop permanent problems like hearing loss or mental delays.

**Senate Bill 709 -** The department shall require a birthing facility, a certified-nurse midwife, a health care practitioner or an unlicensed midwife that assumes care of a newborn child to offer the parent or guardian of the newborn child screening for CMV, or a referral for screening for CMV, before the newborn child is 21 days of age if the newborn child fails the initial newborn hearing screening under the act of November 30, 2001 (P.L.849, No.89), known as the Infant Hearing Education, Assessment, Reporting and Referral (IHEARR) Act.

**Parent/Guardian Acknowledgment of Option to Consent or Refuse to CMV Screening:**

**Please check appropriate box:**

**Consent Refuse**

**I acknowledge that I have read this document, or it has been read to me. I understand that my signature means that my provider has educated me with spoken and written information on CMV screening and allowed me as the parent/guardian to make an informed decision.**

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| --- | --- | --- | --- | --- | --- |
| Parent/Guardian Signature | | Printed Name | | | |
| Relationship to Baby | Date | | Telephone Number | | |
| Name of Baby (First, Middle, Last) | | | | | Date of Birth |
| Parent/Guardian Mailing Address | City | | | State | ZIP Code |
| Birth Facility | | | | |  |