NEWBORN SCREENING ONTARIO
DÉPISTAGE NÉONATAL ONTARIO

Permanent Hearing Loss Carrier Results Request Form

Please complete this form to request a child's carrier results from risk factor screening for permanent hearing loss (PHL). Fields marked with a * are mandatory.

For the privacy and protection of this child, this form **must be completed by the child's Health Care Provider or** the child's mother (the mother is the only guardian known to NSO as her name is sent to us with the newborn screening sample). If another legal guardian is requesting these results, please mail the completed form with proof of guardianship to NSO. **Results will be released to the Health Care Provider listed below.**

Child's Information

LAST NAME : * _____ FIRST NAME : * _____ DOB : (YYYY/MM/DD) * _____/_____/_____ ☐ Female* ☐ Male *

ADDRESS : * _____ CITY : * _____ POSTAL CODE : * _____

PHONE : * _____ OHIP / HEALTH CARD # : * _____ BIRTH HOSPITAL : * _____

Does this child have permanent hearing loss? ☐ Yes ☐ No

Mother's Information

LAST NAME : * _____ FIRST NAME : * _____ DOB (YYYY/MM/DD) : * _____/_____/_____

MOTHER'S ADDRESS at TIME of CHILD'S BIRTH : * ☐ Same as above _____

CITY : * _____ POSTAL CODE : * _____ OHIP# : _____

Child's Health Care Provider

☐ Child does not have a Health Care Provider

NAME : * _____ PHONE : * _____ FAX : * _____

OFFICE ADDRESS : * _____ CITY : * _____ POSTAL CODE : * _____

CPSO / College # : _____ Is this where this child gets his/her routine health care? ☐ Yes ☐ No

Type of Provider : * ☐ Family Physician ☐ Paediatrician ☐ Midwife ☐ Nurse Practitioner ☐ Other _____

In what language would you like the results? * ☐ French ☐ English

Who is completing this form? *

☐ I am this child's mother and a legal guardian ☐ Other (please print completed form and mail with proof of guardianship)

☐ I am this child's Health Care Provider and the parent/guardian has requested this information

Additional questions for parents (optional) :

How did you find out you can request these results? _____

Please return completed form to NSO:

By MAIL: Newborn Screening Ontario
415 Smyth Road
Ottawa, ON, K1H 8M8

By FAX: 613-738-0853

Questions?

Call NSO : 1-877-NBS-8330 (1-877-627-8330)
(613) 738-3222

Website : www.newbornscreening.on.ca

Email: newbornscreening@cheo.on.ca