



Requisition for Diagnostic or Monitoring Sample Analysis

Patient Information	
Last Name: _____ First Name: _____ Date of Birth (yyyy/mm/dd): _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous Address: _____ City: _____ Prov: _____ Postal Code: _____ Country: _____	Health Card #: _____ Issuing Province: _____ Submitter unique #: _____ Clinical History: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Monitoring
Ordering Health Care Provider	
Name: _____ Institution: _____ Address: _____ City: _____ Prov: _____ Postal Code: _____ Country: _____ Phone: _____ Ext: _____ Fax: _____	CC report to: (1) Name: _____ Phone: _____ Ext: _____ Fax: _____ CC report to Parent: (2) Name: _____ Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____
Specimen Information and Test Request	
<input type="checkbox"/> STAT <input type="checkbox"/> ROUTINE <input type="checkbox"/> FASTING <input type="checkbox"/> STANDING ORDER start date (yyyy/mm/dd) end date (yyyy/mm/dd) Date of collection (yyyy/mm/dd): _____ Time of collection: _____ Urine sample: 24 Hours Urine Collection Start: _____ 24 Hours Urine Collection End: _____	
Dried blood Spot (on Whatman 903 filter paper) <input type="checkbox"/> 17-OH progesterone/steroid profiling <input type="checkbox"/> Amino acids/Acylcarnitines/SUAC <input type="checkbox"/> Biotinidase <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Galactose-1-phosphate uridyl transferase (GALT) <input type="checkbox"/> Hemoglobin chromatogram <input type="checkbox"/> Phenylketonuria (PKU) Monitoring <input type="checkbox"/> Severe Combined Immune Deficiency (SCID) Panel <input type="checkbox"/> Thyroid Stimulating Hormone (TSH) <input type="checkbox"/> Tyrosinemia Type I Monitoring <input type="checkbox"/> Tyrosinemia Type II Monitoring <input type="checkbox"/> Identity Testing (For internal NSO use ONLY)	Plasma (≥ 0.5 mL, frozen sent on dry ice) <input type="checkbox"/> 17-OH progesterone <input type="checkbox"/> Acylcarnitines <input type="checkbox"/> Amino acids <input type="checkbox"/> Phenylalanine/Tyrosine Whole blood <input type="checkbox"/> Galactosemia (GALT) Screen (≥ 0.5 mL heparinized, sent at 4°C) <input type="checkbox"/> Very Long Chain Acyl CoA Dehydrogenase Deficiency (≥ 2.0 mL whole blood in EDTA, stored and shipped at 4°C within 24 hours of collection) Cerebrospinal Fluid (CSF) (≥ 0.2 mL, frozen sent on dry ice) <input type="checkbox"/> Amino acids
Urine – liquid (≥ 0.2 mL, frozen sent on dry ice) <input type="checkbox"/> 5-HIAA <input type="checkbox"/> Amino acids <input type="checkbox"/> 3-OH Glutaric Acid <input type="checkbox"/> Organic acids <input type="checkbox"/> Urine Sulfocysteine	Urine – Dried sample (on Whatman 903 filter paper) <input type="checkbox"/> 3-OH Glutaric Acid (Creatinine must be provided) Urine Creatinine: _____
Special orders <input type="checkbox"/> SMA (SMA +ve NBS ONLY) (≥ 2.0 mL whole blood EDTA) <input type="checkbox"/> Other _____	NSO Barcode

