



Requisition for Diagnostic or Monitoring Sample Analysis

Patient Information

<i>Surname</i>		<i>First Name</i>		<i>Sex</i>	
<i>Health Card Number</i>			<i>Medical record number</i>		
<i>Date of Birth (dd/mm/yyyy)</i>	/	<i>Date of collection (dd/mm/yyyy)</i>	/	<i>Time of collection</i>	<i>AM</i> <i>PM</i>
<i>Address</i>		<i>Street</i>	<i>City</i>	<i>Province</i>	
<i>Postal Code</i>		<i>Phone number</i>		<i>Guardian's First and Surname</i>	

Ordering Doctor's Information

<i>Name</i>			<i>Provider Number</i>		
<i>Address</i>		<i>Street</i>	<i>City</i>	<i>Province</i>	
<i>Postal Code</i>		<i>Phone number</i>		<i>Fax number</i>	
<i>CC to GC/RN/Dietitian (Name)</i>			<i>Phone number</i>		<i>Fax number</i>

For Diagnostic samples: Indicate working diagnosis		For Monitoring Samples*: Indicate disease		Analysis Requested	
Tyrosinemia type 1	<input type="checkbox"/>	PKU	<input type="checkbox"/>	Amino Acids/Acylcarnitines: (Full panel including Phenylalanine, Tyrosine, and Succinylacetone)	<input type="checkbox"/>
Severe Combined Immune Deficiency (SCID)	<input type="checkbox"/>	Tyrosinemia(s)	<input type="checkbox"/>		TREC, TBX1 and purine profile
Unknown	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	*Note: A copy of the monitoring sample results will be forwarded to the patient/guardian.			

Comments	NSO use only – Blood card Accession #

Please send this completed requisition to Newborn Screening Ontario along with a dried blood spot sample. Send sample(s) by courier to:

Newborn Screening Ontario
415 Smyth Road, Ottawa Ontario, K1H 8M8