



Requisition for Post-Mortem Sample Analysis (Blood/Bile)

Please complete the following fields. All fields are necessary to allow the Newborn Screening Ontario to properly identify the decedent, to identify if the child was previously tested (at birth) and facilitate result reporting.

Decedent's Information			
Decedent's Name		Surname	Given Name(s)
Date of Birth (dd/mm/yyyy)		Date of Death	
Ontario Health Card Number		Gender	
Date of Collection (dd/mm/yyyy)		Autopsy number	
Birth Hospital			
Mother's Information			
Name at time of decedent's birth		Surname (maiden)	Given Name(s)
Date of Birth (dd/mm/yyyy)		Phone	
Home Address	Address		OHCN
	City	Province	Postal Code
Pathologist's Information			
Name			
Mailing Address			
	Address		
	City	Province	Postal Code
Phone		Fax	
Coroner's Name			
Clinical Findings			
Clinical History and Pathological Findings			
For NSO use only			
Blood card Accession Number		Bile card Accession Number	Original Accession Number

Please send this completed requisition to Newborn Screening Ontario along with the blood and bile sample (each on a separate card). Send samples by courier to:

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

