



**Risk Factor Screening for Permanent Hearing Loss (PHL) – Request for Additional Interpretation and/or Testing**

*Purpose: This form is to be used for result or test requests for babies who have confirmed PHL, suspected or confirmed CMV, or a personal/family history of genetic risk factors. Please call 613-738-3222 with any questions.*

Patient Information	
Last name: _____ First name: _____ Date of birth (yyyy/mm/dd): _____ Health card number: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous Mother's Name: _____	Address: _____ City: _____ Province: _____ Postal Code: _____ Country: _____
Ordering Doctor's Information	
Name: _____	Provider Number: _____
Hospital/Clinic and Department: _____	Phone: _____ Fax: _____
Clinical History/Comments	
<input type="checkbox"/> Confirmed Permanent Hearing Loss <input type="checkbox"/> Suspected cCMV <input type="checkbox"/> Confirmed cCMV <input type="checkbox"/> Personal/family history of genetic risk factors <input type="checkbox"/> Other (please explain): _____	Additional clinical information: _____
Test/Result(s) Requested	
<p><b>Please check all that apply:</b></p> <input type="checkbox"/> Cytomegalovirus AND genetic risk factor screening results (note. see below for carrier disclosure) If risk factor screening results are not available, please test the residual dried blood spot for <i>CMV only</i> ____ Initial to confirm that the parent or guardian consents to the use of the residual sample for this purpose if applicable. <i>Note: Residual dried blood spots will not be tested for genetic risk factors.*</i>	
<input type="checkbox"/> Carrier status for GJB2/SLC26A4 genes (list of mutations tested is available on the NSO website) ____ Initial to confirm that the parent or guardian consents to the disclosure of carrier status.	
*Diagnostic genetic testing should continue to be ordered through the Hospital For Sick Children	
FOR NSO USE ONLY	
NSO Episode Number(s): _____	

**Please fax completed request forms to Newborn Screening Ontario at 613-738-4214.**