Risk Factor Screening for Permanent Hearing Loss (PHL)

Request for Testing for Cytomegalovirus (CMV) and/or Genetic Risk Factors (*GJB2/6*, *SLC26A4*)

Patient Information	
Last name: _____ *First name:* _____ *Date of birth (yyyy/mm/dd):* _____ *Health card number:* *Sex:* ☐ Male ☐ Female ☐Ambiguous *Mother's Name:* _____	*Address:* _____ *City:* _____ *Province:* _____ *Postal Code:* _____ *Country:* _____
Ordering Doctor's Information	
Name:	*Provider Number:*
Hospital/Clinic and Department:	*Phone:* *Email:* *Fax:*
Clinical Indication	
☐ Confirmed PHL (SNHL) ☐ Suspected congenital CMV ☐ Confirmed diagnosis of congenital CMV ☐ Confirmed CMV and suspected congenital infection ☐ Family history of genetic risk factors for PHL ☐ Other (please explain):	Additional clinical information:
Test Request	
☐ **Cytomegalovirus qPCR** ____Initial to confirm that the parent or guardian consents to the use of the residual sample for this purpose. ☐ **Carrier disclosure for *GJB2/6 and SLC26A4* genes and reflexive full gene sequencing of the respective gene if a single mutation was identified on the NSO common mutation panel used for Risk Factor Screening** ____Initial to confirm that the parent or guardian consents to the disclosure of carrier status and subsequent full gene sequencing using the residual dried blood spot sample if a single mutation was identified through screening. **Note. Carrier disclosure and possible full gene sequencing are only available to infants for whom Risk Factor Screening for PHL was performed in Ontario. Diagnostic genetic testing should continue to be ordered through the Genome Diagnostics Laboratory at the Hospital for Sick Children.*	
Specimen Details *Requests with accompanying samples only (e.g. from outside of Ontario)*	
Specimen Type: ☐ Residual dried blood spot (DBS) Date of Collection *(yyyy/mm/dd)*:_____ Time of Collection *(yyyy/mm/dd)*:_____	**Ship specimen, requisition, and billing form (if applicable) to:** NSO Specimen Hub, 415 Smyth Road, Ottawa, ON, K1H 8M8

Please submit requisition to NSO by fax to 613-738-4214