



BIOCHEMISTRY REQUISITION

SHIP SAMPLES TO: **NSO SPECIMEN HUB**
415 Smyth Road Ottawa, ON K1H 8M8

Lab Use Only

Referring Reference Number:

PATIENT INFORMATION

Health Card Number Sex
 Male Female
 Ambiguous Date of Birth
 yyyy mm dd

Patient's Telephone Contact Number MRN/Hospital Number

Patient's Last Name

Patient's First Name

Patient's Address

ORDERING PROVIDER

Name
 Phone Fax
 Institution/Address

Copy results to clinician/practitioner:

Name
 Phone Fax
 Copy to parents

Clinical Information (diagnosis if known): Diagnostic Monitoring

STANDING ORDER, specify date range: Fasting

SPECIMEN COLLECTION

Date Time Submitting Laboratory Home Collection (DBS only)
 YYYY/MM/DD 24HR Lab: Fax:

DRIED BLOODSPOT (on Whatman 903 filter paper)	PLASMA (≥ 0.5mL, frozen sent on dry ice)	URINE ★urine creatinine concentration must be provided (≥ 2mL, frozen sent on dry ice)
Acylcarnitines D020	17-OH Progesterone D204	★ Creatinine concentration (units):
Amino Acids D015	Acylcarnitines D202	
Succinylacetone D014B	Amino Acids D201	
Steroid Profile (17OHP/4A/Cortisol) D006B	Phenylalanine & Tyrosine D203	24HR URINE VOLUME (mL):
Hemoglobin Chromatography D007	Guanidinoacetic Acid & Creatine D207	5-HIAA <input type="checkbox"/> Random <input type="checkbox"/> 24HR D214 D215
GALT Activity D205	WHOLE BLOOD (store and ship at 4°C within 24hrs)	VMA & HVA <input type="checkbox"/> Random <input type="checkbox"/> 24HR D217 D216
Purines D009P		Amino Acids D211
Immunoreactive Trypsinogen D008	GALT Activity, Qualitative (≥ 0.5 mL, heparin tube) D205	Organic Acids D213
CEREBROSPINAL FLUID (CSF) (≥ 0.2mL, frozen sent on dry ice)	VLCAD Enzymology (≥ 2.0 mL, EDTA tube) D206	Oxoproline D220
		S-Sulfocysteine D212
Amino Acids D221		3-Hydroxyglutaric Acid C5DC D218 D219
		Guanidinoacetic Acid & Creatine D222

OTHER
 Specify test and specimen type:

DISEASE PANELS

Tyrosinemia Type I panel (dried bloodspot, incl. SUAC) D014/D014B	PKU panel (dried bloodspot) D010
Tyrosinemia Type II panel (dried bloodspot) D014	GA1 panel (urine, dried urine), provide creatinine result (unit):

RESIDUAL DRIED BLOODSPOT REQUEST see FAQ section on NSO website for more information

Send out	Birth Hospital	Mother's Name
Test request, specify test:		
Initial to confirm that parent/guardian consent has been obtained to use the residual dried blood spot specimen for this purpose.		