Symptomatic Diagnostic Report Form (SDRF) – BILIARY ATRESIA

☐ **Parent/guardian has consented to sharing this information with NSO.**

The following infant has been referred to our clinic. Newborn Screening Ontario was not identified to be the source of the referral.

GI CLINIC: ☐ HSC ☐ HHSC ☐ LHSC ☐ KGH ☐ CHEO ☐ OTHER: ___________

Referral Date: ______________________________ (YYYY/MM/DD) **Referred By:** ___________________________________

PATIENT INFORMATION:

Infant's Name:		**Infant's OHIP:**	
DOB:	(YYYY/MM/DD)	**Infant's Sex:**	☐ Male ☐ Female ☐ Ambiguous
Birth Parent's Name:		**Midwife's Name:** (If applicable)	
Location of birth: Please specify	☐ Hospital ☐ Birth Centre ☐ Home ☐ Midwifery client ☐ Nursing Station ☐ Other	**Birth Facility:** (If applicable)	

SCREENING INFORMATION:

Was the family given an Infant Stool Colour Card?	☐ Yes	☐ No	☐ Unknown
Did the family use the card?	☐ Yes	☐ No	☐ Unknown
Did the family contact NSO for Biliary Atresia Screening?	☐ Yes	☐ No	☐ Unknown
Was the stool acholic?	☐ Yes	☐ No	☐ Unknown
Did they reach out to another HCP? Name: **Advice given:**	☐ Yes	☐ No	☐ Unknown
Reason for Screen Failure?			

CLINICAL INFORMATION:

Referral based on:	☐ Acholic stool ☐ Jaundice ☐ Symptomatic, specify: ______________________ ☐ Post-mortem/coroner ☐ Other, specify: ______________________		
Age at symptom onset: (if applicable)		**Date of Death:** (if applicable)	(YYYY/MM/DD)
Relevant clinical details:			
Date Definitive Diagnosis made:	(YYYY/MM/DD)	**Diagnosis:**	
Treatments	☐ Surgical Kasai Procedure ☐ Surgical Liver Transplant ☐ Surgical Other	Date______________ Date______________ Date______________	

FORM COMPLETED BY: ________________________________ **Date:** ____________________

(Name and Job Title) (YYYY/MM/DD)

PHYSICIAN FOLLOWING INFANT FOR TARGET DISEASE: ______________________________________

Please fax the completed SDRF to **1-833-222-7840** ATTN: **Biliary Atresia Clinical Team** *The biliary atresia SDRF is also posted on the Newborn Screening Ontario website at* https://www.newbornscreening.on.ca/poop

SDRF V6 10/23