



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)
YYY/MM/DD 24HR Lab: Fax:

DRIED BLOODSPOT (on Whatman 903 filter paper)		PLASMA (Lithium Heparin) (≥ 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):	
GALT Activity	D205		Guanidinoacetic Acid & Creatine	D207	Amino Acids	D211
Immunoreactive Trypsinogen	D008	WHOLE BLOOD (store and ship at 4°C within 24hrs)			Organic Acids	D213
CEREBROSPINAL FLUID (CSF) (≥ 0.2mL, frozen sent on dry ice)					Oxoproline	D220
Amino Acids	D221		GALT Activity, Qualitative (≥ 0.5 mL, heparin tube)	D205	S-Sulfocysteine	D212
			VLCAD Enzymology (≥ 2.0 mL, EDTA tube)	D206	3-Hydroxyglutaric Acid C5DC (urine, dried urine)	D218 D219
					Guanidinoacetic Acid & Creatine	D2

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		

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.		