



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 (urine, dried urine) 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	

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.