

Risk Factor Screening for Permanent Hearing Loss (PHL)

Use this form to request results of risk factor screening for PHL (CMV and Genetics), and/or to order CMV testing for children at increased risk.

Patient Information	
Last name: _____ First name: _____ Date of birth (yyyy/mm/dd): _____ Health card number: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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	
<input type="checkbox"/> Confirmed PHL (SNHL) <input type="checkbox"/> Suspected congenital CMV <input type="checkbox"/> Confirmed diagnosis of congenital CMV <input type="checkbox"/> Confirmed CMV and suspected congenital infection <input type="checkbox"/> Family history of genetic risk factors for PHL	Additional clinical information: _____
Request	
<input type="checkbox"/> PHL Risk Factor Screening Results (CMV/Genetics) If PHL risk factor screening was performed, a copy of the report will be sent to you. <input type="checkbox"/> Cytomegalovirus qPCR _____ Initial to confirm that the parent or guardian consents to the use of the residual dried blood spot (DBS) sample for this purpose. <i>*Note: For the indication "Confirmed PHL (SNHL)", CMV qPCR testing is only conducted for patients who have <u>not</u> previously had CMV screening through NSO. If the patient has already had PHL risk factor screening, this additional testing is not available; however, a copy of the screening results will be sent to you.</i>	
Specimen Details	
Specimen Type: <input type="checkbox"/> Residual dried blood spot (DBS) from Ontario: <ul style="list-style-type: none">• Submit requisition to NSO by fax: 613-738-4214• If requesting from out of province, including completed billing form <input type="checkbox"/> Residual dried blood spot (DBS) from outside Ontario (indicate date and time of collection): <ul style="list-style-type: none">• Date of Collection (yyyy/mm/dd) _____• Time of Collection (24HR): _____• Ship specimen, requisition, and billing form to: NSO Specimen Hub, 415 Smyth Road, Ottawa, ON, K1H 8M8	