



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

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)

Acylcarnitines	D020
Amino Acids	D015
Succinylacetone	D014B
Steroid Profile (17OHP/4A/Cortisol)	D006B
Hemoglobin Chromatography	D007
Biotinidase Activity	D004
GALT Activity	D205
Purines	

PLASMA

(≥ 0.5mL, frozen sent on dry ice)

17-OH Progesterone	D204
Acylcarnitines	D202
Amino Acids	D201
Phenylalanine & Tyrosine	D203

WHOLE BLOOD

(store and ship at 4°C within 24hrs)

GALT Activity, Qualitative (≥ 0.5 mL, heparin tube)	D205
--	------

VLCAD Enzymology

(≥ 2.0 mL, EDTA tube) D206

URINE ★ urine creatinine concentration must be provided
(≥ 2mL, frozen sent on dry ice)

★ Creatinine concentration (units):

5-HIAA ☐ Random ☐ 24HR D214 D215

VMA & HVA ☐ Random ☐ 24HR D217 D216

Amino Acids D211

Organic Acids D213

Oxoproline D220

S-Sulfocysteine D212

3-Hydroxyglutaric Acid D218

C5DC D219

24HR URINE VOLUME (mL):

CEREBROSPINAL FLUID (CSF)

(≥ 0.2mL, frozen sent on dry ice)

Amino Acids	D221
-------------	------

OTHER

Specify test and specimen type:

DISEASE MONITORING PANELS FOR KNOWN PATIENTS

*Tyrosinemia Type I panel (dried bloodspot, incl. SUAC)	*PKU panel (dried bloodspot) D010
*Tyrosinemia Type II panel (dried bloodspot)	*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.