



## 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		Steroid profile (17-OH/4A/Cortisol)	D204	★	Creatinine concentration (units):
Amino Acids	D015		Acylcarnitines	D202		
Succinylacetone	D014B		Amino Acids	D201		
GALT Activity	D205		Phenylalanine & Tyrosine	D203	★	Amino Acids D211
Immunoreactive Trypsinogen	D008		Guanidinoacetic Acid & Creatine	D207	★	Organic Acids D213
CEREBROSPINAL FLUID (CSF) (≥ 0.2mL, frozen sent on dry ice)			WHOLE BLOOD (store and ship at 4°C within 24hrs)		★	Oxoproline D220
					★	S-Sulfocysteine D212
					★	
Amino Acids	D221		GALT Activity, Qualitative (≥ 0.5 mL, heparin tube)	D205	★	Guanidinoacetic Acid & Creatine D222
			VLCAD Enzymology (≥ 2.0 mL, EDTA tube)	D206		3-Hydroxyglutaric Acid   C5DC (urine, dried urine) D219R

### 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.		