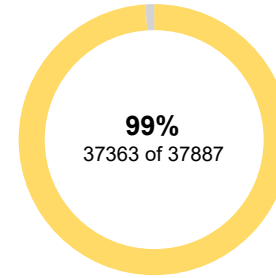
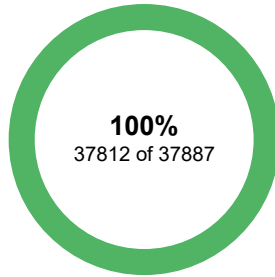


# Requisition Completeness

Q3

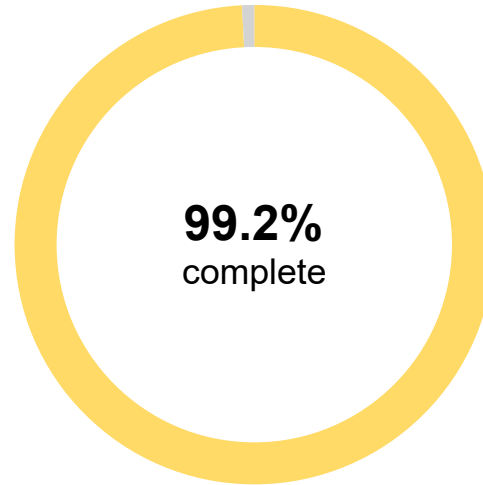
Province of Ontario

Birth Date

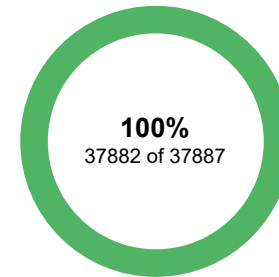
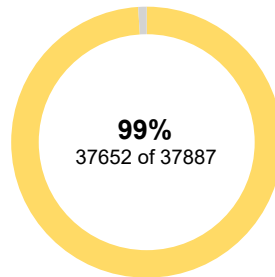


Collection Date

Overall

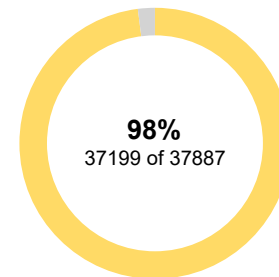
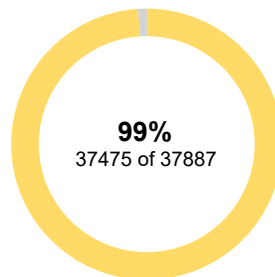


Birth Weight



Health Card Number

Gestational Age



Ordering HCP