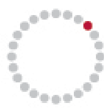

NEWBORN SCREENING ONTARIO
DÉPISTAGE NÉONATAL ONTARIO

Please ship samples to:
CHEO Central Lab Receiving
401 Smyth Road
Ottawa, ON K1H 8L1

Requisition for Diagnostic or Monitoring Sample Analysis (CHEO CLR)

(Whole blood, plasma, urine, CSF)

Patient Information

Last Name: ____________________
First Name: ____________________
Date of Birth (yyyy/mm/dd): ____________________
Sex: ☐ Male ☐ Female ☐ Ambiguous
Address: ____________________
City: ____________ Prov: ____________
Postal Code: ____________ Country: ____________
Health Card #: ____________________

Clinical History:

☐ Diagnostic ☐ Monitoring

Ordering Health Care Provider

Name: ____________________
Institution: ____________________
Address: ____________________
City: ____________ Prov: ____________
Postal Code: ____________ Country: ____________
Phone: ____________ Ext: ____________
Fax: ____________________

CC report to:
(1) Name: ____________________
Phone: ____________ Ext: ____________
Fax: ____________________
CC report to:
(2) Name: ____________________
Phone: ____________ Ext: ____________
Fax: ____________________

Specimen Information and Test Request

☐ STAT ☐ ROUTINE ☐ FASTING
Date of collection (yyyy/mm/dd): ____________ Time of collection: ____________
Urine sample: 24 Hours Urine Collection Start: ____________ 24 Hours Urine Collection End: ____________

Plasma (≥ 0.5 mL, heparinized, frozen sent on dry ice)

☐ 17-OH Progesterone
☐ Acylcarnitines
☐ Amino acids
☐ Phenylalanine/Tyrosine

Whole blood (≥ 0.5 mL, heparinized, sent at 4°C)

☐ Galactosemia (GALT) Screen

Cerebrospinal Fluid (CSF) (≥ 0.2 mL, frozen sent on dry ice)

☐ Amino acids

Urine (≥ 2.0 mL, frozen, sent on dry ice)

☐ 5-HIAA
☐ Amino acids
☐ Organic acids
☐ Urine Sulfocysteine
☐ VMA/HVA

Other/notes:

NSO Barcode: