



# Newborn Screening Results Request Form

For the privacy and protection of this child, this form must be completed by the child's parent, guardian, or health care provider. Results will be released to the health care provider you list below.

We strive to fulfill all requests for results within 48 hours. If there is a clinical reason for which you would like your request to be expedited, please provide further explanation.

Who is completing this form? Name: \* \_\_\_\_\_ Phone Number: \* \_\_\_\_\_

- I am this child's Health Care Provider
- I am this child's parent and a legal guardian
- I am this child's legal guardian (I will mail this form to NSO with the completed Proof of Guardianship Form)

Fields marked with a \* are mandatory.

### Child's Information

LAST NAME : *	FIRST NAME : *	DOB : (YYYY/MM/DD) * <input type="checkbox"/> F * <input type="checkbox"/> M *
_____	_____	____/____/____
ADDRESS : *	CITY : *	POSTAL CODE : *
_____	_____	_____
PHONE : *	OHIP / HEALTH CARD # : *	BIRTH HOSPITAL :
_____	_____	_____
Newborn Screen Form Number:		
_____		

### Mother's Information

LAST NAME : *	FIRST NAME : *	DOB (YYYY/MM/DD) : *
_____	_____	____/____/____
MOTHER'S ADDRESS at TIME of CHILD'S BIRTH : * <input type="checkbox"/> Same as above		_____
CITY : *	POSTAL CODE : *	OHIP# :
_____	_____	_____

### Child's Health Care Provider

NAME : *	PHONE : *	FAX : *
_____	_____	_____
INSTITUTE/PRACTICE:		
_____		
ADDRESS : *	CITY : *	POSTAL CODE : *
_____	_____	_____
CPSO / College # :	Is this where this child gets his/her routine health care?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unsure
_____		

Please return completed form to NSO:

By MAIL: Newborn Screening Ontario  
415 Smyth Road  
Ottawa, ON, K1H 8M8

By FAX: 613-738-0853

Questions?

Call NSO : 1-877-NBS-8330 (1-877-627-8330)  
(613) 738-3222

Website : [www.newbornscreening.on.ca](http://www.newbornscreening.on.ca)

Email: [newbornscreening@cheo.on.ca](mailto:newbornscreening@cheo.on.ca)