



**Special Request for Post Mortem Sample Analysis (Blood/Bile)**

SHIP SAMPLES TO: **NSO SPECIMEN HUB**  
**415 Smyth Road Ottawa, ON K1H 8M8**

**Collect blood and bile samples on separate cards. Indicate the specimen type on each card.**

The information collected below is necessary for Newborn Screening Ontario to properly identify the decedent, to identify if the child was screened at birth and to facilitate result reporting.

|   |   |                    |   |   |  |  |   |  |  |                  |  |
|---|---|--------------------|---|---|--|--|---|--|--|------------------|--|
| <b>DECEDENT</b>   |   | <b>PATHOLOGIST</b> |   |   |  |  |   |  |  |                  |  |
| Health Card Number  | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Ambiguous                    | Name               |   |   |  |  |   |  |  |                  |  |
| Decedent's Name   | Autopsy Number  | Phone              |   |   |  |  |   |  |  |                  |  |
| Birth Hospital  |   | Email              |   |   |  |  |   |  |  |                  |  |
| Date of Birth (YYYY-MM-DD)  | Time of Birth (24HR)  | Fax                |   |   |  |  |   |  |  |                  |  |
| Date of Death (YYYY-MM-DD)  | Time of Death (24HR)  | Laboratory/Address |   |   |  |  |   |  |  |                  |  |
| Date of Collection (YYYY-MM-DD)   | Time of Collection (24HR)   |                    |   |   |  |  |   |  |  |                  |  |
| <b>MOTHER</b>   |   | <b>CORONER</b>     |   |   |  |  |   |  |  |                  |  |
| Mother's Last Name  | Mother's First Name   | Name               |   |   |  |  |   |  |  |                  |  |
| Mother's Health Card Number   | Mother's Date of Birth (YYYY-MM-DD)   | Phone              |   |   |  |  |   |  |  |                  |  |
| Mother's Address  |   | Fax                |   |   |  |  |   |  |  |                  |  |
|   |   | Email              |   |   |  |  |   |  |  |                  |  |
| <b>CLINICAL INFORMATION</b>   |   |                    |   |   |  |  |   |  |  |                  |  |
| <input type="checkbox"/> Stillbirth<br><input type="checkbox"/> Intrauterine fetal demise<br><input type="checkbox"/> Neonatal death (≤28 days of age)<br><input type="checkbox"/> Sudden unexpected death (>28 days of age)<br><input type="checkbox"/> Other  | Clinical History & Pathological Findings  |                    |   |   |  |  |   |  |  |                  |  |
| <table border="1"> <tr> <td>x</td> <td colspan="2"><b>SPECIMENS COLLECTED (TESTS)</b> Collect blood and bile samples on separate cards. Indicate the specimen type on each card.</td> </tr> <tr> <td></td> <td colspan="2">Blood (AAAC, MCA, 17OHP, TSH, GALT, BIO, HGB)</td> </tr> <tr> <td></td> <td colspan="2">Bile (AAAC, MCA)</td> </tr> </table> |   |                    | x | <b>SPECIMENS COLLECTED (TESTS)</b> Collect blood and bile samples on separate cards. Indicate the specimen type on each card. |  |  | Blood (AAAC, MCA, 17OHP, TSH, GALT, BIO, HGB) |  |  | Bile (AAAC, MCA) |  |
| x   | <b>SPECIMENS COLLECTED (TESTS)</b> Collect blood and bile samples on separate cards. Indicate the specimen type on each card. |                    |   |   |  |  |   |  |  |                  |  |
|   | Blood (AAAC, MCA, 17OHP, TSH, GALT, BIO, HGB)   |                    |   |   |  |  |   |  |  |                  |  |
|   | Bile (AAAC, MCA)  |                    |   |   |  |  |   |  |  |                  |  |

|                      |                     |                        |
|----------------------|---------------------|------------------------|
| <b>NSO USE ONLY</b>  |                     |                        |
| BLOOD SAMPLE BARCODE | BILE SAMPLE BARCODE | NEWBORN SCREEN BARCODE |
|                      |                     |                        |

