

TEST HOSPITAL _____

December 06, 2023

Fax: _____

POTENTIAL MISSED NEWBORN SCREEN ALERT

RE: _____

Health Card #: _____

Sex: _____

Reference #: T-XXXXX

DOB: _____

Guardian's Name: _____

Newborn Screening Ontario (NSO) has received an alert from BORN or notification from the NSO Informatics System of an infant born over 7 days ago and no blood spot newborn screening sample has been received at NSO.

Newborn screening is recommended for all infants. It is the responsibility of perinatal and newborn health care providers to ensure that all infants in their care are offered newborn screening tests.

Please complete this form and fax to NSO at (613) 738-0853 as soon as possible.

A newborn screening sample was collected and shipped to NSO:

Date of Collection: _____ Infant's Name: _____

Submitter: _____ Purolator Tracking #: _____

OR

The family was offered newborn screening.

Parent(s) indicated that they will be bringing the infant back to the hospital/midwifery practice for a sample

Parent(s) declined newborn screening

OR

The family was not contacted regarding the potential missed newborn screen.

The infant's health care provider was informed of the potential missed screen
Name: _____ Phone: _____ Fax: _____

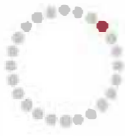
Infant deceased Date of death: _____

Infant palliative

FORM COMPLETED BY: _____
(Please print - Name and Job Title)

Phone #: _____ Ext: _____ Date: _____





Confidential Fax

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|--|--|
| To: TEST HOSPITAL | From: NAME x3484 |
| Fax: | Pages: 2 (including cover page) |
| Re: Potential Missed Newborn Screen | Date: December 06, 2023 |

URGENT PLEASE COMMENT FOR REVIEW PLEASE REPLY

Hello,

Please see the attached letter re: Potential Missed Newborn Screen Alert for [REDACTED], **BABY BOY**.

It would be much appreciated if you could respond by faxing the completed letter(s) back to us at **613-738-0853** as soon as possible.

Thank you,

Newborn Screening Ontario

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IF COPIES ARE UNCLEAR OR PAGES MISSING, CONTACT THE OFFICE AT (613) 738-3222.

