



EXAMPLE HOSPITAL

November 20, 2023

Fax: 9999999999

RE: _____, **BABY BOY**
 NSO Episode #: NXXXXXXXX-XXXX
 Guardian's Name: _____
 Submitter Unique #: _____

Health Card #: _____
 Sex: _____
 DOB: _____
 DOC: 2023-11-05 07:00

A request for a repeat newborn screening sample was made in writing and/or by telephone for the above infant. Unfortunately, according to our records, no repeat sample has been received.

Please complete and return this form to Newborn Screening Ontario by fax to (613) 738-0853 as soon as possible, indicating which of the following applies:

A REPEAT newborn screening sample was collected and shipped to NSO:

Date of Collection: _____ Purolator Tracking #: _____

Infant's Name (if different from above): _____

A negative report has been received for this infant, please indicate NSO Episode #: _____

OR

The family was contacted and advised that the initial newborn screen was unsatisfactory, their infant may still be at risk for all the diseases on the panel, and a repeat newborn screen is recommended.

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 unsatisfactory result and need for a repeat newborn screen.

The infant's health care provider was informed of the need for a repeat newborn screen

Name: _____ Phone: _____ Fax: _____

Health care provider not available / not informed

FORM COMPLETED BY: _____

(Please print - Name and Job Title)

Phone #: _____ Ext: _____ Date: _____





Confidential Fax

To: EXAMPLE HOSPITAL

From: Newborn Screening Ontario

Fax: 19999999999

Pages: 2 (including cover page)

Re: Request for repeat newborn screen

Date: November 20, 2023

URGENT PLEASE COMMENT FOR REVIEW PLEASE REPLY

Hello,

Please see the attached letter(s) requesting repeat samples for newborn screening.

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.

