

Heath Card Number: **9999 999 999 AA**

D.O.B.: **YYYY/MM/DD**

Mother's Name:

Date Sample Received: **YYYY/MM/DD**

Date of Report: **YYYY/MM/DD**

Infant's Health Care Provider:

**LAST NAME, GIVEN NAMES**

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<b>We are unable to analyze the sample on your patient because of the following reason(s):</b>	<b>Reason</b>
Quantity of blood insufficient	
Blood spots appear scratched or abraded	
Blood spots are wet and/or discolored	
Blood spots are supersaturated	
Blood spots appear diluted	
Blood spots exhibit "serum rings"	
Blood spots appear clotted or layered	
Specimen delivered to the lab more than 14 days after collection	
Sample collected at < 24 hours	
Insufficient data provided	

**A REPEAT SAMPLE IS REQUESTED AS SOON AS POSSIBLE.**

1. Education of your staff concerning sample collection / handling and the provision of necessary legible information may be indicated. Please contact the NBS laboratory at (613) 738-3222 if you have any questions or would like further information or guidance.