



Newborn Screening Supply Order Form

Phone: 206-418-5410 / 1-866-660-9050 / Fax: 206-418-5415

(FAX form or SUBMIT by e-mail)

SUBMITTER INFORMATION (* = Required)

*Contact Name:

*Contact Phone:

Contact Email:

DELIVERY INFORMATION (* = Required)

*Hospital, Clinic, or Provider Name:

Hospital, Clinic, or Provider ID #:

Attention To: (Specific Floor, Department, Mailstop, and/or Person)

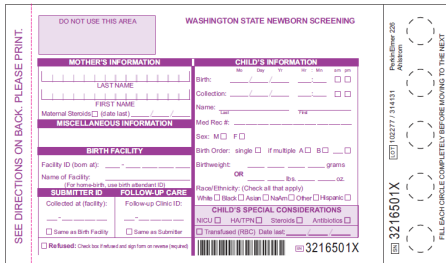
*Address 1: (Please note: UPS will not ship to a PO Box.)

Address 2: *City:

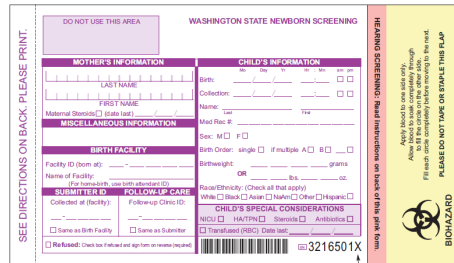
*State: *Zip Code: Purchase Order #:

ORDER INFORMATION

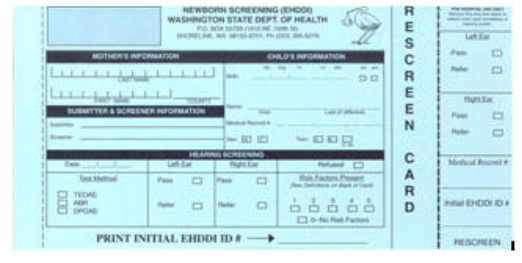
Please indicate the number of each of the following you would like to receive. We will ship up to a three-month supply of newborn screening kits to your facility. (KITS include: specimen collection card, envelope, and English pamphlet)



NBS Collection Kits:



Kits w/Pink hearing insert:



Blue Hearing Re-screen cards:

ADDITIONAL SUPPLIES

FOR OFFICE USE ONLY

Date Received _____

Date Shipped _____

Invoice _____

Barcodes _____ to _____



Additional Pamphlets:

ENGLISH SPANISH