



MILITARY FACILITIES

REQUEST FOR NEWBORN SCREENING KITS

1. Completely fill out this form to ensure you will get the correct kits.
2. Mail request to:

NEWBORN SCREENING
 OREGON STATE PUBLIC HEALTH LAB
 PO BOX 275
 PORTLAND, OR 97207-0275

ATTN:
 FACILITY NAME _____ SUBMITTER CODE # _____

STREET ADDRESS _____
 (NOT PO BOX)

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # (____) _____ PO # _____ ORDERED BY _____

Number of Double Kits _____ (Allow 2 weeks for delivery)
 Number of Single Kits _____

Place Bar Code here: Verified _____
 (OSPHL Use Only)

May be obtained at any time - No Charge:

	Amount	Verified
Spanish Info Pamph.	_____	_____
English Info Pamph.	_____	_____
Manila Envelopes	_____	_____
Striped Envelopes	_____	_____
Other	_____	_____

OSPHL USE ONLY KIT NUMBERS	
DATE RECEIVED _____	REVIEWED BY _____
DATE MAILED _____	MAILED BY _____

QUESTIONS ? Call Newborn Screening kit orders (503) 693-4113
In compliance with the Americans with Disabilities Act (ADA), if you need this information in an alternate format, please call: Oregon State Public Health Laboratory at (503) 6934100. FAX (503) 693-5600