NEWBORN SCREENING SUPPLIES ORDER FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
LABORATORY
1100 W 49TH ST
AUSTIN, TEXAS 78756-3194

REQUIRED

CLIA# 45D0660644

SEND RESULTS TO:
NBS Submitter No.: ___ ___ ___ ___ ___ ___ ___ ___

Submitter Name:_____

_____

Address:_____

City:_____TX_____
(zip code)

**********affix mailing label or print address**********

Contact
Person_____

Phone:_____

Label Change? _____

Billing Address (if different):

Name:_____

_____

Address:_____

City:_____TX_____
(zip code)

Purchase Order #:_____

Delivery Address (if different):

Name:_____

_____

Address:_____

City:_____TX_____
(zip code)

Please call to notify us of your overnight order. Overnight Shipping requires submitter's billing number:

FedEx_____, DHL_____,UPS _____

########## TDSHS LABORATORY USE ONLY ##########

Quantity Ordered	ITEM	Quantity Sent	Beginning Serial #	Ending Serial #
	Form NBS 3 (Medicaid/Charity Care/CHIP) *No Charge - **Signature required below**			
	Form NBS 4 (Paid) $29.50 each			
	Mailing Envelopes-(more than one form may be sent per envelope)			
	Address Labels for above NBS submitter #			

Note: Lancets Not Supplied

******Please allow a minimum of one week for delivery of supplies from date received by TDSHS********

*I certify that newborn screening kits provided at no charge by TDSHS will be used only for charity care newborns, or for Medicaid eligible newborns as required in Texas Administrative Code 73.21.c.1.A., or for newborns covered by CHIP.

Signed:_____ Date:_____

PHONE: (512) 458-7661

FAX: (512) 458-7672

NEWBORN SCREENING CARDS ARE MEDICAL DEVICES WHICH CANNOT BE REFUNDED.
Submitter will be billed $50 for any unused cards returned to TDSHS.