## PKU MONITORING LAB SUPPLIES ORDER FORM

City, Zip:		Mail or Fax Requests to:  Department of State  Health Services
Type of Kit  (each kit contains supplies for six sample submissions)  Please order a 3-6 month supply		Number of Kits Wanted
PKU Filter Paper Kit Used to collect blood onto a filter paper card	after pricking the skin with a lancet	
Who is your healthcare provider?		
Doctor's Name	Facility Name	
Facility Address	Facility City	
TDSHS Lab Use Only: Date Logged	1 by	Date Received
SUBMITTER ID# (Healthcare facilities use	PKU MONITORING LAB SUPPLIES ORDER FORM	TEXAS Department of
NBS Submitter #) Facility or Patient Name: Ship to Address:		Revised 7/07 Mail or Fax Requests to:
City, Zip:	TX	Department of State Health Services
Daytime Phone: ()	opt/ext	1100 West 49 <sup>th</sup> Street Austin, Texas 78756-3194
Contact Person: (Might be parent's name)		Ph. (512) 458-7661 Fax (512) 458-7672
Type of Kit  (each kit contains supplies for six sample submissions)  Please order a 3-6 month supply		Number of Kits Wanted
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