NEWBORN SCREENING SUPPLIES ORDER FORM

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



AUSTIN, TEXAS 78756-3194 REQUIRED T CLIA# 45D0660644 SEND RESULTS TO: Billing Address (if different): Delivery Address (if different): NBS Submitter No.: ___ ___ ___ ___ Submitter Name: Address: Purchase Order #: Contact Please call to notify us of your overnight order. Overnight Shipping requires submitter's billing number: Person Label Change? _____ ITFM Beginning Serial # Quantity Quantity Ending Serial # Ordered Sent 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 Note: Lancets Not Supplied per envelope) Address Labels for above NBS submitter # ****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

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

Medicaid eligible newborns as required in Texas Administrative Code 73.21.c.1.A., or for newborns covered by CHIP.

Signed:_

PHONE: (512) 458-7661

FAX: (512) 458-7672