



# OREGON

## REQUEST FOR NEWBORN SCREENING KITS

Per Oregon Administrative Rule 333-024-0240(4)(b), prepayment of newborn screening kits is required.

1. Completely fill out this form to ensure you will get the correct kits.

2. ATTACH A CHECK OR MONEY ORDER, payable to:

DEPARTMENT OF HUMAN SERVICES  
RECEIPTING OFFICE- SUITE 200  
PO BOX 14260  
PORTLAND, OR 97293-0260

ATTN:  
FACILITY NAME \_\_\_\_\_ SUBMITTER CODE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
(NOT PO BOX)  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE # (\_\_\_\_) \_\_\_\_\_ PO # \_\_\_\_\_ ORDERED BY \_\_\_\_\_

EFFECTIVE OCTOBER 14, 2002: (PLEASE ALLOW 2-3 WEEKS FOR DELIVERY)

Number of Double Kits: \_\_\_\_\_ X \$54.00 = \$ \_\_\_\_\_  
Number of Single Kits: \_\_\_\_\_ X \$27.00 = \$ \_\_\_\_\_

REVENUE CODE: 2395  
FUND CODE: 76400 72636

Place Bar Code here: Verified \_\_\_\_\_  
(OSPHL use only)

May be obtained at any time - No Charge:

	Amount	Verified
English / Spanish Pamph	_____	_____
Manila Envelopes	_____	_____
Striped Envelopes	_____	_____
Vitamin K	_____	_____
English/Spanish	_____	_____
Other	_____	_____

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

QUESTIONS? CALL  
NEWBORN SCREENING KIT PREPARATION  
(503) 693-4113 FAX (503) 693-5600

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) 693-4100.