Idaho Newborn Screening Kits/Materials Order Form

*** PAYMENT MUST ACCOMPANY ORDER *** CHECKS OR MONEY ORDERS ONLY PAYABLE TO "IDAHO NEWBORN SCREENING PROGRAM"

Please PRINT and complete ALL information below			
FACILITY:	SUBMITTER CODE #: ID		
STREET ADDRESS:			
(Kits are shipped via courier s	service. No P.O. Box addresses please.)		
CITY:	Zii CODE		
ГЕLEPHONE: <u>(208)</u>			
ORDERED BY:	DATE:		

(Please allow two weeks for delivery)

Kits/Materials	Number Ordered	Price	Total
Single Kit		\$30 per kit*	\$
Double Kit		\$58 per kit*	\$
Triple Kit (NICU ONLY)		\$58 per kit*	\$
English & Spanish Information Pamphlet		No Charge	
Manila Envelopes		No Charge	
Striped Envelopes		No Charge	
		TOTAL COST:	\$

SEND COMPLETED FORMS TO:

Idaho Newborn Screening Program
Idaho Department of Health and Welfare
450 West State Street, 4th Floor
P.O. Box 83720
Boise, ID 83720-0036

Phone: (208) 334-5962 Fax: (208) 334-4946

FOR OPHL USE ONLY		
Place Bar Code Here:	Verified	
KIT NUMBERS		
Doto By	Daviowad Ry	
Date By	Reviewed By	