

Idaho Newborn Screening Kits/Materials Order Form

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

⇨ **Please PRINT and complete ALL information below** ⇩

FACILITY: _____ SUBMITTER CODE #: ID

STREET ADDRESS: _____

(Kits are shipped via courier service. No P.O. Box addresses please.)

CITY: _____ ZIP CODE: _____

TELEPHONE: _____

ORDERED BY: _____ DATE: _____

(Please allow two weeks for delivery)

Kits/Materials	Number Ordered	Price	Total
Single Kit		\$51 per kit*	\$
Double Kit		\$100 per kit*	\$
Triple Kit (NICU ONLY)		\$100 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	

Date _____	By _____ Reviewed By _____