

## **MILITARY FACILITIES**

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

## **REQUEST FOR NEWBORN SCREENING KITS**

2. Mail or FAX request to:	NEWBORN SCREENING OREGON STATE PUBLIC HEALTH LAB PO BOX 275 PORTLAND, OR 97207-0275 FAX: 503-693-5600  DATE			
ATTN: FACILITY NAME			SUBMITTER CODE	
STREET ADDRESS				· · · · · · · · · · · · · · · · · · ·
CITY				
TELEPHONE # ()				
REQUESTED ITEMS Number of Double Kits Number of Single Kits	QUANTITY	RE Eng	QUESTED ITEMS glish / Spanish Pamphlets ecimen Envelopes	QUANTITY
Please allow 2 weeks for delivery  QUESTIONS?  CALL THE OREGON STATE PUBLIC HEALTH LABORATORY OPERATIONS TEAM AT (503) 693-4100  YOU CAN GET THIS DOCUMENT IN OTHER LANGUAGES, LARGE PRINT, BRAILLE OR A FORMAT YOU  PREFER FREE OF CHARGE. CONTACT THE OSPHL AT (503) 693-4100. WE ACCEPT ALL RELAY CALLS.				
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TASK	MLT DAT	E	KIT NUMBERS	
Barcode creation/order review				
Kit component assembly  Verification of materials				
Shipping				
Спррпід				
OSPHL				
Barcode				
CUSTOM NUMBER TRACKING NUMBER				
TIMOMING NUMBER				