



# OREGON REQUEST FOR NEWBORN SCREENING KITS

Per Oregon Administrative Rule 333-024-1100, pre-payment of newborn screening collection kits is required.

1. COMPLETELY FILL OUT THIS FORM TO ENSURE YOU GET THE CORRECT KITS.
2. ATTACH A CHECK OR MONEY ORDER, payable to: (DO NOT SEND SPECIMENS HERE)

OREGON HEALTH AUTHORITY  
 RECEIPTING OFFICE- SUITE 200 PO  
 BOX 14260  
 PORTLAND, OR 97293-0260

DATE \_\_\_\_\_

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

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

TELEPHONE # (\_\_\_\_) \_\_\_\_\_ PO # \_\_\_\_\_ CONTACT NAME \_\_\_\_\_  
 (CHECK ONE)  FACILITY  PARENT

REQUESTED ITEMS	QTY	COST/KIT	TOTAL
Number of Double Kits		\$175.00	\$
Number of Single Kits*		\$100.00	\$
Number of Triple (NICU) Kits		\$175.00	\$
English / Spanish Pamphlets		\$0.00	\$0

Envelope Type	Select Type
<b>NO need to specify quantity</b>	<b>CHECK ONE</b>
Standard envelopes for routine shipping-postage required	
Prepaid envelopes for priority shipping-no cost (community birth providers only)	

FEES EFFECTIVE AUGUST 1, 2022  
**PLEASE ALLOW 2-3 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.

\*\*\*\*\* **OSPHL USE ONLY** \*\*\*\*\*

TASK	MLT	DATE
Order review/barcode		
Kit component assembly		
Verification of materials		
Packaging and Shipping		

KIT NUMBERS

OSPHL Barcode	REVENUE CODE: 2395 FUND CODE: 50406 53387
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TRACKING NUMBER \_\_\_\_\_

\* For use when the original second specimen collection kit has been lost or damaged, the infant was born out of state, or when OSPHL requests a new specimen. Oregon requires each newborn be screened at least twice. Single kits should not be used to screen infants only one time.