

## **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

PO BOX 1		7202 0260				
PORTLAN	ND, OR S	7293-0260		DATE		
ATTN:				DATE		
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	REQUESTED ITEMS		
Number of Double Kits		\$175.00 \$		English / Spanish Pamph	lets	
Number of Single Kits*		\$100.00 \$		Envelopes		
Number of Triple (NICU) Kits		\$175.00 \$			-	
QUESTIONS? CALL THE OREGON STATE PL YOU CAN GET THIS DOCUMENT PREFER FREE OF CHARGE. CON	IN OTHER	R LANGUAGE E OSPHL AT	ES, LARGE (503) 693-4	PRINT, BRAILLE OR A FORMA 1100. WE ACCEPT ALL RELAY	AT YOU CALLS.	
*********	******	OSPHL U	SE ONL	Y **********	*****	
TASK	MLT	DATE	KIT	NUMBERS		
Order review/barcode creation						
Kit component assembly						
Verification of materials						
Delivery to post office						
OSPHL REVENUE	REVENUE CODE: 2395					
Barcode FUND CODE: 50406 53387						
TRACKING NI IMBER						

<sup>\*</sup> 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.