



OREGON

REQUEST FOR NEWBORN SCREENING KITS

Per Oregon Administrative Rule 333-024-0240(4)(b), 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 # _____ ORDERED BY _____

REQUESTED ITEMS	QTY	COST/KIT	TOTAL
Number of Double Kits		\$80.00	\$
Number of Single Kits		\$59.00	\$
Number of Triple (NICU) Kits		\$80.00	\$

REQUESTED ITEMS	QTY
English / Spanish Pamphlets	
Manila Envelopes	
Striped Envelopes	
Other	

FEES EFFECTIVE APRIL 01, 2018

PLEASE ALLOW 2-3 WEEKS FOR DELIVERY

QUESTIONS? CALL NEWBORN SCREENING KIT ORDERS (503) 693-4100, FAX (503) 693-5600. In compliance with the Americans with Disabilities Act (ADA), if you need this information in an alternate format please call Oregon State Public Health Laboratory at (503) 693-4100.

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

TASK	MLT	DATE
Barcode creation/order review		
Kit component assembly		
Verification of materials		
Delivery to post office		

KIT NUMBERS

OSPHL Barcode	REVENUE CODE: 2395
	FUND CODE: 50406 53387

TRACKING NUMBER _____