

Newborn Screening Kits Order Form

ADHS - Newborn Screening Kit Order Form

Please do not write in shaded areas

Order Date: _____

Ship Date: _____

Submitter ID: _____

Contact & Phone # _____

Ship To:

Submitter Name: _____

Attn: _____

Address _____

City _____, AZ Zip: _____

Email Address: _____

Special Instructions _____

Special Instructions _____

<u>Linked Kits</u>	Qty	Starting Kit #	Ending Kit #
Linked Kits			
WHITE Envelopes			
PINK Envelopes			

Missing #: _____ Lot: _____ Exp. Date: _____

<u>Supplementals</u>	Qty	Starting Kit #	Ending Kit #
Supplementals			
White Envelopes			

Missing #: _____ Lot: _____ Exp. Date: _____

Order Taken By: _____

Order Pulled By: _____

Verified and Shipped By: _____

To place order, please email form to labreceiving@azdhs.gov
or Fax: 602-364-0758 Thank you!

- Please make sure you have added a contact name and phone number, and verify that shipping information is correct.
- Please leave the shaded portions for DHS employees.
- **Linked kits** include forms for a second screening.
- **Supplemental kits** are for single screenings.
- **White envelopes** are available to send kits to ADHS for testing.
- **Pink envelopes** include instructions for parents and are used for second screening.
- You can email the form to labreceiving@azdhs.gov

