

**ADHS - Newborn Screening Kit
Order Form**

Please do not write in shaded areas

Order Date: _____

Ship Date: _____

Submitter ID: _____

Contact & Ph # _____

Ship To:

Submitter Name: _____

Attn: _____

Address _____

City _____, AZ Zip: _____

Email Address: _____

Special Instructions: _____

<u>Linked Kits</u>	Qty
Linked Kits	
WHITE Envelopes	
PINK Envelopes	

Starting Kit #	Ending Kit #

<u>Supplementals</u>	Qty
Supplementals	
White Envelopes	

Starting Kit #	Ending Kit #

Order Taken By: _____

Order Pulled By: _____

Verified and Shipped By: _____

**To Place Order, Please Email Form to labreceiving@azdhs.gov
Fax Form To: 602-364-0758, Or Call: 602-542-1190 ... Thank You!**