

# ADHS - Newborn Screening Bloodspot Collection Kit Order Form

***Please do not write in shaded areas***

Contact & Phone #: \_\_\_\_\_

Order Date: \_\_\_\_\_

**Ship To:**

Agency Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ AZ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Order these when performing 1<sup>st</sup> screens. Give the bottom section to Family or Guardian (2<sup>nd</sup> kit attached)**

<b><i>Perforated Linked Kits</i></b>	Qty		Starting Kit #	Ending Kit #
	Requested	Sent		
Linked Kits				
WHITE Envelopes				
PINK Envelopes				

Missing #  Yes  No      Lot: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Order these for Stand-alone screens**

<b><i>Supplementals</i></b>	Qty		Starting Kit #	Ending Kit #
	Requested	Sent		
Single kits				
White Envelopes				

Missing #  Yes  No      Lot: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date Order Received: \_\_\_\_\_ Initials: \_\_\_\_\_  Fax  Email

Order Pulled By: \_\_\_\_\_

Number of Boxes: \_\_\_\_\_ Weight: (1) \_\_\_\_\_ lbs. (2) \_\_\_\_\_ lbs. (3) \_\_\_\_\_ lbs.

Tracking Number: \_\_\_\_\_

Ship Date: \_\_\_\_\_

**To place order, please email form to [labreceiving@azdhs.gov](mailto:labreceiving@azdhs.gov)  
or Fax: 602-364-0758 Thank you!  
Please order a 3 month supply.  
For hospitals: No need to order white envelopes –  
Use Specialized Delivery Service courier envelope instead.**

**Email Form**

**Save Form**

**Print Form**