Newborn Screening Single Kit Order Form

Today’s Order Date: __________________

Item
Newborn Screening two-part kit; $112.16 each (please indicate number of kits) #______  
Total $: ________________

Billing information
Name (individual or clinic): ________________________________________________________________

Billing Address ________________________________________________________________

City _____________________________ State _________ ZIP __________________

Telephone ( ) ___________________ Fax ( ) _______________________

Payment type

□ Credit Card – (circle one) AMEX, MasterCard or Visa

Number: ____________________________ Expiration Date: ____________

CVV/CVD#: ____________

Name on Card: ________________________________________________________________

Email: ________________________________ (for credit card receipt)

Delivery Address (ships via UPS)

Billing Address ________________________________________________________________

City _____________________________ State _________ ZIP __________________

Please allow TWO weeks for your order to be processed.

You may fax or mail your order to:

Accounts Receivable, attn: Angel Ames
Unified State Laboratory: Public Health
PO Box 144300
Salt Lake City UT 84114-4300
Phone: 801-965-2400
Fax: 801-969-3704

NBS Kit#: __________
(assigned by UPHL)

2016-07-05 price subject to change

USE ONLY IF

1. YOU DO NOT HAVE AN ACCOUNT AND
2. YOU ARE paying with credit card