



Newborn  
Screening Program

# Newborn Screening Single Kit Order Form

**USE ONLY IF**

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

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)