



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 a credit card

Today's Order Date: _____

Item

Newborn Screening two-part kit; \$115.07 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 Information:

Same as Billing Address

Delivery Address _____

City _____ State _____ ZIP _____

Please allow TWO weeks for your order to be processed.

You may email, fax or mail completed order form 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)