Newborn Screening Single Kit Order Form

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)

2018-06-29 price subject to change