

**ORDER FORM
FOR
NEWBORN SCREENING BLOOD COLLECTION KITS**

Type: (check type needed)

_____ DHMH 77 – to be used to collect specimens on babies < 7 days old

_____ DHMH 79 – to be used to collect specimens on babies ≥ 7 days old

Number Requested: _____ **(ORDER NO MORE THAN A 2 MONTH SUPPLY)**

Submitter Code (if known): _____ **If you do not have a submitter code, one will be assigned and arrive along with your blood collection forms.**

This code must be entered on every Newborn Screening specimen sent to our laboratory.

Mailing address for this package:

Hospital/Physician/Clinic Name:		
Address Line :		
City, State, Zip:		
Telephone:	Fax:	Attention:

Mailing address for reports:

Hospital/Physician/Clinic Name:	
Address Line 1:	
City, State, Zip:	
Telephone:	Alternate Telephone:
Fax:	
Contact Person for specimen collection/delivery problems/Abnormal Results:	
Telephone:	

FAX this form to: 443-681-5193 Your order will be filled promptly.

LABORATORIES ADMINISTRATION TRACKING NUMBERS Lot No: _____ Exp Date: _____

No. of Forms	Type of Forms	Tracking No. From	Tracking No. To	Date Requested	Date Sent
<input style="width: 100%; height: 100%;" type="text"/>					