

# ORDER FORM FOR NEWBORN SCREENING KITS

To: Office of Laboratory Services  
167 11th Avenue  
South Charleston, WV 25303

Phone: 304-558-3530 EXT 2204  
Fax: 304-558-2006

Date of Order: \_\_\_\_\_

*Please order the number you expect to use in a 90 day period.*

Specimen Collection Cards \_\_\_\_\_

Pre-addressed envelopes \_\_\_\_\_

State Lab Use Only	
Card #	

\_\_\_\_\_  
Person and/or Department to whom kits should be sent

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Street and Number

\_\_\_\_\_  
Town and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Person Ordering