



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Office of Laboratory Services

NEWBORN SCREENING TRAINING DVD LOAN REQUEST

NAME (Printed): _____

TITLE: _____

FACILITY: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

I request to borrow the CLSI training DVD "Making a Difference Through Newborn Screening: Blood Collection on Filter Paper". I agree to return the DVD by the return date which can be found on the paperwork that will arrive with my DVD. I will return this DVD via certified mail or other method that can be tracked (Ex. FedEx) and will provide to the WV Office of Laboratory Services the tracking number if requested.

SIGNATURE: _____

SUBMIT REQUEST VIA:

MAIL: WV Office of Laboratory Services
Training & Evaluation Section
167 11th Avenue
South Charleston, WV 25303

OR

FAX: 304-558-2006
Training & Evaluation Section