



## PURCHASE/REPLACEMENT REQUEST FORM FOR NEWBORN SCREENING SPECIMEN CARDS AND LAB HANDLING FEE STICKERS

- ◆ Please print or type clearly using black ink.
- ◆ If purchasing new items, complete Parts 1 and 2.
- ◆ **IMPORTANT: MAKE CHECKS PAYABLE TO: "TREASURER, STATE OF MINNESOTA."**
- ◆ **Mail this form and your check to:**

**MDH NEWBORN FORM ORDERS**  
 P.O. Box 64496  
 St. Paul, MN 55164-0496
- ◆ If returning voided Newborn Screening Cards for free replacement, complete Parts 1 and 3 and mail to the above address.
- ◆ If you have any questions regarding completion of this form, laboratory procedures, or test results please contact the Newborn Screening Program at (651) 201-5466 or (800) 664-7772.
- ◆ For questions about lab fee stickers, please contact the Public Health Laboratory at (651) 201-5200.

PART 1: CONTACT INFORMATION AND SHIPPING INFORMATION:	
<b><u>YOUR CONTACT INFORMATION:</u></b>	<b><u>YOUR FACILITY'S NAME AND SHIPPING ADDRESS:</u></b>
Date Submitted:	
Contact Person's Name:	
Job Title (if applicable):	
Area Code & Phone Number:	Recipient's Name:
Area Code & Fax Number:	Purchase Order Number (if applicable): Pur.Ord.#

PART 2: COMPLETE WHEN ORDERING NEW FORMS:			
Form Name:	Quantity Needed:	Price Per Item:	Sub-Totals:
Newborn Screening Card ( <b>white</b> )      IC# 140-0053	X	\$ 106.00 =	
NICU Newborn Screening Card ( <b>yellow</b> )      IC# 140-0655	X	\$ 106.00 =	
*Lab Handling Fee Sticker      IC# 141-0232 *If the only item that you are buying is either a white or a yellow newborn screening card, you do <b><u>not</u></b> need to buy a Lab Handling Fee Sticker to accompany your purchase.	X	\$ 25.00 =	
<b>GRAND TOTAL =</b>			<b>\$</b>

PART 3: COMPLETE WHEN RETURNING VOIDED CARDS FOR FREE REPLACEMENT:
Please prepare your voided Newborn Screening Cards as follows:
<ul style="list-style-type: none"> <li>◆ <b>Print "VOID" clearly and in black ink across <u>each</u> voided card that you are returning.</b></li> <li>◆ <b><u>IMPORTANT:</u> BEFORE MAILING VOIDED CARDS REMOVE ANY FILTER PAPERS THAT CONTAIN FILLED IN BLOOD SPOTS. ALSO, DON'T INCLUDE VOIDED CARDS IN SHIPMENTS OF ROUTINE BLOOD SPOT SPECIMEN CARDS.</b></li> </ul>
Number of voided <b>white</b> Newborn Screening Cards IC# 140-0053 returned for free replacement: _____ Number of voided <b>yellow</b> NICU Newborn Screening Cards IC# 140-0655 returned for free replacement: _____