



BROCHURE REQUEST FORM
FOR NEWBORN SCREENING AND HEARING SCREENING BROCHURES

◆ Please print or type clearly using black ink.

◆ **Mail or Fax this form to:** **MDH NEWBORN BROCHURE ORDERS**
P.O. Box 64899
St. Paul, MN 55164-0899
Fax: 651-201-5471

◆ If you have any questions regarding completion of this form, please contact the Newborn Screening Program at (651) 201-5466 or (800) 664-7772.

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

PART 2: ORDERING FORMS:		
Form Name:	IC Number	Quantity Needed:
NEWBORN SCREENING		
One Simple Test (English)	IC# 141-1543	
One Simple Test (Spanish)	IC# 141-1547	
NEWBORN HEARING SCREENING		
Hearing PASS Sheet (English)	IC# 141-2819	
Hearing REFER Sheet (English)	IC# 141-2820	
Hearing PASS Sheet (Spanish)	IC# 140-2895	
Hearing REFER Sheet (Spanish)	IC# 140-2894	
Hearing PASS Sheet (Somali)	IC# 140-2913	
Hearing REFER Sheet (Somali)	IC# 140-2911	
Hearing PASS Sheet (Hmong)	IC# 140-2914	
Hearing REFER Sheet (Hmong)	IC# 140-2912	