

Idaho Newborn Screening Kits/Materials Order Form

***** PAYMENT MUST ACCOMPANY ORDER *****
CHECKS OR MONEY ORDERS ONLY
PAYABLE TO "IDAHO NEWBORN SCREENING PROGRAM"

⇨ Please PRINT and complete ALL information below ⇩

FACILITY: _____ SUBMITTER CODE #: ID

STREET ADDRESS: _____
(Kits are shipped via courier service. No P.O. Box addresses please.)

CITY: _____ ZIP CODE: _____

TELEPHONE: (208) _____

ORDERED BY: _____ DATE: _____

(Please allow two weeks for delivery)

Kits/Materials	Number Ordered	Price	Total
Single Kit		\$30 per kit*	\$
Double Kit		\$58 per kit*	\$
English & Spanish Information Pamphlet		No Charge	
Manila Envelopes		No Charge	
Striped Envelopes		No Charge	
		TOTAL COST:	\$

SEND COMPLETED FORMS TO:
Idaho Newborn Screening Program
Idaho Department of Health and Welfare
450 West State Street, 4th Floor
P.O. Box 83720
Boise, ID 83720-0036

Phone: (208) 334-5962
Fax: (208) 334-4946

FOR OPHL USE ONLY	
Place Bar Code Here: _____	Verified _____
KIT NUMBERS	

Date _____ By _____ Reviewed By _____	
11/01/08	

*Pricing valid from 11/01/08 through 9/30/2010. If you are using this form after September 2010, please contact the Newborn Screening Program to see if there is new kit pricing.