

Fees and screening kit information

Newborn Metabolic Screening Kit Order Form

The Revised Hawaii Newborn Metabolic Screening Administrative Rules, Chapter 11-143, requires a payment of \$99.00 for each initial screening kit, effective May 31, 2017.

INSTRUCTIONS

1. Complete this order form to ensure correct processing of your request for newborn screening kits. Each kit includes: newborn screening specimen collection form, parent information brochure and an envelope.

2. Mail or fax this order form to:

Hawaii Newborn Metabolic Screening Program
741 Sunset Avenue
Honolulu, HI 96816
Phone: 808-733-9069 Fax: 808-733-9071

3. If using a purchase order, submit your payment (check or money order) with a copy of the invoice to the above address. Make the check or money order payable to: **Hawaii State Director of Finance**.

Please allow two to three weeks for delivery. Call the Hawaii Newborn Metabolic Screening Program at 808-733-9069 for assistance, or if you have any questions.

Facility Name: _____ Submitter Code: _____
Department/Section: _____ Contact Person: _____
Street Address: _____
City/ State/ Zip Code: _____
Telephone Number: _____ Fax Number: _____
Purchase Order: _____ Quantity of Kits: _____ X \$ 99.00 = \$ _____ (Total Cost)
Quantity of manila envelopes: _____ Number of parent brochures: _____

NBMSP USE ONLY

DATE REQUEST RECEIVED: _____ DATE REQUEST SENT TO WSNS: _____

WSNS USE ONLY

DATE REQUEST RECEIVED: _____ DATE ORDER SHIPPED: _____
ORDER PACKED BY: _____ ORDER REVIEWED BY: _____
KIT NUMBERS _____

PLACE BAR CODE HERE VERIFIED (WSNS USE ONLY)