

## Midwives Newborn Metabolic Screening Kit Order Form

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

### INSTRUCTIONS

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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 this order form along with your payment to:**

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

3. Make the check or money order payable to: **State Director of Finance.**

**Please allow one to two weeks for delivery.** Call the Hawai'i Newborn Metabolic Screening Program at 808-733-9069 for assistance, or if you have any questions.

Name \_\_\_\_\_ Submitter Code \_\_\_\_\_

Street Address \_\_\_\_\_

City/ State/ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Quantity of Kits \_\_\_\_\_ X \$ 99.00 = \$ \_\_\_\_\_ (Total Cost)

#### NBMSP USE ONLY

DATE REQUEST RECEIVED \_\_\_\_\_ DATE ORDER SENT \_\_\_\_\_

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