



**STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO**

CHILDREN WITH SPECIAL HEALTH NEEDS BRANCH

741 SUNSET AVENUE
HONOLULU, HI 96816

Newborn Metabolic Screening Program

Phone (808)733-9069 | Fax (808)733-9071 | eFax (808)207-0067

Kit Order Form

**Revised Hawai'i Administrative Rules, Chapter §11-143, Newborn Metabolic Screening
Effective May 31, 2017 Each initial screening kit requires payment of \$99.00**

INSTRUCTIONS

Each kit order includes:

- Newborn Metabolic Screening Specimen Collection card and envelope
- Parent Information brochures
- FedEx Airbill label and envelope

- Complete order details below to ensure correct processing of your newborn screening kit order
- If using a PURCHASE ORDER: Make the CHECK or MONEY ORDER payable to:
Submit payment with a copy of an INVOICE State Director of Finance
- Mail or fax this order form and payment to:
Hawai'i Newborn Metabolic Screening Program
741 Sunset Avenue
Honolulu, HI 96816

ORDER DETAILS

Provider / Midwife Name	Submitter ID #
Address	City / State / Zip
Phone #	Fax #
X	\$99.00
Quantity of Kits	Price Per Initial Kit
=	\$
Total Cost	

HI NBS STAFF USE ONLY

Kit Order Form RECEIVED	Kit Order SENT	Kit Order COMPLETED by NBS Staff
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