



**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)207-0067**

**Kit Order Form - Midwives**

Revised Hawai'i Administrative Rules, Chapter §11-143, Newborn Metabolic Screening  
Effective August 11, 2024, each initial screening kit requires payment of \$155.00

**INSTRUCTIONS**

Each kit order includes: Newborn Metabolic Screening Specimen Collection card and manila envelope  
Parent Information brochures  
FedEx Airbill label and FedEx envelope

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

*Please allow  
1 2 weeks for delivery*

**ORDER DETAILS**

<b>Midwife</b>	<b>Submitter ID #</b>
<b>Address</b>	<b>City / State / Zip</b>
<b>Phone #</b>	<b>Fax #</b>

	<b>X</b>	<b>\$155.00</b>	<b>=</b>	<b>\$</b>	
<b>Quantity of Kits</b>		<b>Price Per Initial Kit</b>			<b>Total Cost</b>

**HI NBS STAFF USE ONLY**

<b>Kit Order Form RECEIVED</b>	<b>Kit Order SENT</b>	<b>Kit Order COMPLETED by NBS Staff</b>
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