



**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 - Facilities**

**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

1. Complete order details below to ensure correct processing of your newborn screening kit order

2. If using a PURCHASE ORDER: Indicate PO # in ORDER DETAILS field below

3. Mail or fax this order form to: Hawai'i Newborn Metabolic Screening Program

741 Sunset Avenue  
Honolulu, HI 96816  
Fax (808)733-9071 | eFax (808)207-0067

*Please allow  
1-2 weeks for delivery*

**ORDER DETAILS**

Facility	Submitter ID #
Department / Section	Contact Person
Address	City / State / Zip
Phone #	Fax #

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

**HI NBS STAFF USE ONLY**

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