



**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

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

2. Make the CHECK or MONEY ORDER payable to: State Director of Finance

3. 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

..... Midwife Submitter ID #

..... Address City / State / Zip

..... Phone # Fax #

.....	X	\$155.00	=	\$
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