




MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
REQUEST FOR NEWBORN SCREENING KITS

REQUESTING FACILITY			
NAME	SHIP TO ATTN	TELEPHONE	
SHIPPING ADDRESS (NO PO BOXES ALLOWED)			
CITY	STATE	ZIP CODE	
PLEASE SEND THE FOLLOWING KITS:			
Description	Unit Price	Qty	Amount Due
Initial Screening Kits (MO 580-1377)	\$85.00		
Repeat Screening Kits (MO 580-0879)	\$85.00		
Listing Pads (MO 580-0962)	N/C		\$0.00
Return Envelopes	N/C		\$0.00
Courier Envelopes	N/C		\$0.00
Submitter Labels – sheets of 30 (indicate # of sheets requested)	N/C		\$0.00
TOTAL AMOUNT DUE (PREPAYMENT REQUIRED)			
Remit with check or money order to :		 Missouri Department of Health and Senior Services Fee Receipt Unit P.O. Box 570 Jefferson City, MO 65102	
FOR LABORATORY USE ONLY			
DATE SHIPPED	INITIALS:	FOR FEE RECEIPTS: 0298-580-3110-Q059-1220-05-S166 0298-580-4404-1220-05-S083	

This form can be found online at
<http://health.mo.gov/lab/newborn/>