



MISSOURI DEPARTMENT OF HEALTH AND SENIOR
SERVICES
STATE PUBLIC HEALTH LABORATORY
**REQUEST FOR NEWBORN SCREENING
BLOOD SPOT FORMS**

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 Blood Spot Form (MO 580-1377)			
Repeat Screening Blood Spot Form (MO 580-0879)			
Listing Pads (MO 580-0962)	N/C		\$0.00
Postage Paid 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 :	<p>Missouri Department of Health and Senior Services Fee Receipt Unit P.O. Box 570 Jefferson City, MO 65102</p>		
FOR LABORATORY USE ONLY			
DATE SHIPPED	INITIALS:	FOR FEE RECEIPTS: 0298-580-3110-Q059-1220-05-166A (80%) 0298-580-4404-1220-05-083A (20%)	

MO 580-2220(03-2025)

DISTRIBUTION: COPY 1 – STATE LABORATORY COPY 2 – SUBMITTING FACILITY

LAB-147

Information regarding online order payments can be found at
<https://health.mo.gov/about/online-payment.php>

A pdf version of this order form can be found online at
<http://health.mo.gov/lab/newborn/>

Return envelopes are NOT shipped unless requested.