




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

<b>REQUESTING FACILITY</b>			
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)	\$95.00		
Repeat Screening Kits (MO 580-0879)	\$95.00		
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
<b>TOTAL AMOUNT DUE (PREPAYMENT REQUIRED)</b>			
<b>Remit with check or money order to :</b>		 Missouri Department of Health and Senior Services Fee Receipt Unit P.O. Box 570 Jefferson City, MO 65102	
<b>FOR LABORATORY USE ONLY</b>			
DATE SHIPPED	INITIALS:	<b>FOR FEE RECEIPTS:</b> <b>0298-580-3110-Q059-1220-05-U166</b> <b>0298-580-4404-1220-05-U083</b>	

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