



NEWBORN SCREENING ORDER FORM

Remit with payment to:
Wisconsin State Laboratory of Hygiene
Accounts Receivable
PO Box 78770 • Milwaukee, WI 53278-0770

To inquire about your order payment/check received status, call the WSLH A/R Department at 800-862-1065
To track your order shipment, call WSLH Clinical Orders at 800-862-1088 or 608-224-4275

MUST BE PREPAID – For faster service, please include this form with check
To pay with credit card, contact the WSLH A/R Department at 800-862-1065

PLEASE PRINT CLEARLY

AGENCY ADDRESS	SHIP TO ADDRESS
CONTACT NAME	CONTACT NAME
TELEPHONE #	TELEPHONE #
BUSINESS NAME	BUSINESS NAME
STREET	STREET
CITY/STATE/ZIP	CITY/STATE/ZIP

AGENCY NUMBER BARCODE TO BE PLACED ON NBS CARD _____

YOUR PURCHASE ORDER NUMBER _____ NUMBER OF NBS CARDS REQUESTED (\$109 EACH¹) _____

CHECK NUMBER _____ DOLLAR AMOUNT ENCLOSED _____

NEWBORN SCREENING SPECIMEN ENVELOPE REQUESTS

NUMBER OF BLUE COURIER ENVELOPES NEEDED: One for every card ordered (low-volume submitters; up to 300) Pack of 300 (mid- to high-volume submitters)

UNITED STATES POSTAL SERVICE PRIORITY MAIL ENVELOPES (midwives only) _____

UPS NEXT DAY AIR ENVELOPES (midwives only) _____

¹ Current price as of 7/1/10, subject to change

