DEPARTMENT OF PUBLIC HEALTH
SCOTT HARRIS, M.D., M.P.H.
STATE HEALTH OFFICER

BUREAU OF CLINICAL LABORATORIES
DONALD E. WILLIAMSON, M.D. STATE HEALTH LABORATORY
Sharon P. Massingale, Ph.D., HCLD/CC(ABB)
Laboratory Director

Alabama Newborn Screening Program

Reorder Form

In order to assure that you have an adequate supply of newborn screening materials available, complete this form and mail or fax it to the State Health Laboratory at the address below when your stock has reached a **2-4 week** supply.

ALABAMA DEPARTMENT OF PUBLIC HEALTH
Bureau of Clinical Laboratories
Newborn Screening Division
204 Legends Court, Zip 36066-7893
P.O. Box 1000, Zip 36067-9901
Prattville, AL

FAX: (334) 206-3780

Name of Hospital, Practice, or Physician: _____

Street/Shipping Address **ONLY (No P.O. Box)**: _____

City, State, and Zip Code: _____

Telephone Number: _____

Name and Title: _____
(*Please Print)*

Please indicate the number of newborn infants that you screen per month: _____

Number of "**A**" (first test) Newborn Screening Forms Requested: _____
Note "A" forms are sent to hospitals and birthing centers only.

Number of "**B**" (second test) Newborn Screening Forms Requested: _____

NOTE: All orders will be shipped within 5 working days of receipt. Please plan your orders accordingly. We cannot make emergency shipments.

NBS Lab Phone: (334) 290-3097