

Name of Hospital Practice or Physician:

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

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 emergency shipments.	. We cannot make
NBS Lab Phone: (334) 290-3097	

