



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

**G-6D Newborn Screening Supply Order Form**

(January 2020) CAP# 3024401 CLIA #45D0660644  
Laboratory Services Section, MC-1947  
P. O. Box 149347, Austin, Texas 78714-9347  
Courier: 1100 W. 49th Street, Austin, Texas 78756  
(888) 963-7111 x7318 or (512) 776-7318  
[http://www.dshs.texas.gov/lab/MRS\\_forms.shtm#NBSform](http://www.dshs.texas.gov/lab/MRS_forms.shtm#NBSform)

**SUPPLY REQUESTS ARE RECEIVED AND FILLED BY:**

Container Preparation Group  
Phone: (512) 776-7661  
Fax: (512) 776-7672  
Email:  
[ContainerPrepGroup@dshs.texas.gov](mailto:ContainerPrepGroup@dshs.texas.gov)

**Order Form for Newborn Screening Supplies (January 2020)**

<b>SUBMITTER INFORMATION (Required)</b>			<input type="checkbox"/> Check here if this information has changed.
NBS Submitter ID Number:		Name of Person Submitting Order:	
Submitter Name:			
Address:			
City	State	Zip Code	
Telephone:		Fax:	

ITEM	Quantity Requested	Cost	-DSHS USE ONLY- Quantity Provided
Test Kit Form NBS3 (Medicaid/Charity Care/CHIP)		\$0	
Test Kit Form NBS4 (Insurance/Self-Pay)		\$60.58 each	
Mailing Envelopes (For USPS shipping. Maximum of 5 cards per envelope.)		\$0	
Address Labels (for above NBS Submitter ID #)		\$0	

<b>BILLING - PURCHASE ORDER NUMBER:</b>	
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<b>DELIVERY INFORMATION (if different)</b>		
Submitter Name:		
Address:		
City	State	Zip Code

<p><b>SIGNATURE FOR ORDER (Required)</b></p> <p>"I certify that Form NBS3 newborn screening kits provided at no charge by DSHS <u>will be used only for charity care newborns or for Medicaid eligible newborns as required in Texas Administrative Code 25.1.37.D. Rule 37.55.</u> Additionally, I understand that if ordering Form NBS4 (Insurance/Self-Pay), I will be assessed a fee of \$60.58 per card. I understand that <b><u>cards will be billed as they are ordered, not as they are submitted for testing and that the fee charged for the kit is the prevailing rate in effect when the order is placed.</u></b>"</p> <p>Signature _____ Date _____</p>
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**\*Please order by quantity, not bundle amount** Note: Lancets are not provided.

- Each order **must** include the Submitter's Newborn Screening Identification (NBS ID) Number and a signature. To obtain a NBS ID number, call (512) 776-7578.
- Please fax the completed order form to (512) 776-7672. If you have any questions concerning NBS Supplies or this order, please call (512) 776-2437.
  - To receive confirmation your order was received, please indicate how you would like to be notified and provide your contact numbers.  Telephone  Fax
  - Orders will be processed and shipped within 5 working days from the day your order is received by the Container Preparation Group. (Note: Normal shipping (in transit) time is 1-3 days business days.)
  - If you would like to expedite your order, you **must** provide the following:
    - Your billing account number for Courier Service: \_\_\_\_\_ Courier Service to be used:  FedEx
  - Acceptance of a purchase order (PO) by DSHS for NBS kit payment does not constitute a contractual agreement binding DSHS to any terms or conditions that may be included in the PO. If the provider wishes to pursue a contractual arrangement with DSHS in order to secure specific terms or conditions, please contact the DSHS Laboratory at (888) 963-7111 ext. 7318.