TEXAS Health and Human Services | Texas Department of State Health Services

G-6D Newborn Screening Supply Order Form (June 2026)

CAP# 3024401 CLIA #45D0660644

DSHS Public Health Laboratory Division, MC-1947
P. O. Box 149347, Austin, Texas 78714-9347
Courier: 1100 W. 49th Street, Austin, Texas 78756

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

Order Form for Newborn Screening Supplies

SUBMITTER INFORMATION (Required) ☐ **Check here if this information has changed. ****		
NBS Submitter ID Number:	Name of Staff Submitting Order:	
Facility Name:		
Address:		
City	State	Zip Code
Telephone:	Fax:	

DELIVERY INFORMATION ***(optional, not required if different from above)***		
Submitter Name:		
Address:		
City	State	Zip Code

Supplies	Quantity Requested	Cost	-DSHS USE ONLY- Quantity Provided
NBS3 Card* (Medicaid/CHIP/Unfunded)		$0	
NBS4 Card* (Insurance/Self-Pay)		$94.81 each	
Mailing Envelopes (For shipping, maximum of 5 cards per envelope.)		$0	
Address Labels (For listed NBS Submitter ID #)		$0	

BILLING - PURCHASE ORDER NUMBER:	

Supplies Note: Lancets are not provided.
***Please order by quantity, not bundle amount, as cards are provided and priced per card.**

SIGNATURE FOR ORDER (Required)

I certify that I will use the NBS3 Cards, provided at no charge by DSHS, only for Medicaid-eligible newborns, CHIP-eligible newborns or unfunded care newborns, as required under Texas Administrative Code 25.1.37.D Rule 37.55. Additionally, I understand that if I order NBS4 Cards (Insurance/Self-Pay), DSHS will assess a fee of $94.81 per card. **I understand that DSHS bills cards at the prevailing rate in effect when the order is placed.**

Signature _____ Date _____

- Each order **must** include a Newborn Screening Submitter ID Number, a signature and current date. To obtain a NBS ID number call (512) 776-7578
- Please fax the completed order form to (512) 776-7672 or e-mail ContainerPrepGroup@dshs.texas.gov. If you have any questions, please call (512) 776-2437.
- To receive confirmation your order was received, indicate how you would prefer to be notified: __Phone __Fax __None
- Orders will be processed and shipped within 5 working days from the day your order is received by the Container Preparation Group. (Shipping time is 1-3 business days.)
- If you would like to expedite your order, you must provide your FedEx billing account number (9-digits): _____
- Acceptance of a purchaser order (PO) by DSHS for NBS Card payment does not constitute a contractual agreement binding DSHS to any terms or conditions that may be included in the PO. If the provider requests to pursue specific terms or conditions, please contact LabAccounting@dshs.texas.gov.
- **Please note that if your shipping address or billing address has changed, you will need to complete a Form #F14-13277 and contact Lab Reporting to update your facility's information if it hasn't been done previously. Your order will not be fulfilled if addresses do not match.
- All orders are subject to review prior to processing. Orders not fulfilled due to issues or incorrect information will not be backordered and must be corrected and resubmitted.