**Newborn Screening Supply Order Form**
(January 2024)

**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.shtml#NBSform

**SUPPLY REQUESTS ARE RECEIVED AND FILLED BY:**
Container Preparation Group
Phone: (512) 776-7661
Fax: (512) 776-7672
Email: ContainerPrepGroup@dshs.texas.gov

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**SUBMITTER INFORMATION**

*Required*

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity Requested</th>
<th>Cost</th>
<th>—DSHS USE ONLY—</th>
<th>Quantity Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Kit Form NBS3 (Medicaid/Charity Care/CHIP)</td>
<td></td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Kit Form NBS4 (Insurance/Self-Pay)</td>
<td></td>
<td>$68.63 each</td>
<td></td>
<td></td>
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<td>Mailing Envelopes (For USPS shipping. Maximum of 5 cards per envelope.)</td>
<td></td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address Labels (for above NBS Submitter ID #)</td>
<td></td>
<td>$0</td>
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**BILLING**

- **PURCHASE ORDER NUMBER:**

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**DELIVERY INFORMATION**

(if different from the above)

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**SIGNATURE - PURCHASE ORDER NUMBER:**

**SIGNATURE FOR ORDER**

*(Required)*

“I certify that Form NBS3 newborn screening kits provided at no charge by DSHS 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. Additionally, I understand that if ordering Form NBS4 (Insurance/Self-Pay), I will be assessed a fee of $68.63 per card. I understand that 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.”

Signature _________________________________
Date _________________

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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.

1. 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.
2. To receive confirmation your order was received, please indicate how you would like to be notified and provide your contact numbers. ☐ Telephone ☐ Fax
3. 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.)
4. If you would like to expedite your order, you must provide the following:
   a. Your billing account number for Courier Service: _____________________________
      Courier Service to be used: ☐ FedEx
5. 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.