



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

G-6D Newborn Screening Supply Order Form

(January 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 (January 2026)

SUBMITTER INFORMATION (Required)		<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/CHIP/Uninsured)		\$0	
Test Kit Form NBS4 (Insurance/Self-Pay)		\$94.81 each	
Mailing Envelopes (For USPS shipping. Maximum of 5 cards per envelope.)		\$0	
Address Labels (For above NBS Submitter ID #)		\$0	

BILLING - PURCHASE ORDER NUMBER:

DELIVERY INFORMATION (if different from the above)			
Submitter Name:			
Address:			
City	State	Zip Code	

SIGNATURE FOR ORDER (Required)

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

Signature _____

Date _____

***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 or send to ContainerPrepGroup@dshs.texas.gov. If you have any questions, 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 LabAccounting@dshs.texas.gov.