



BUREAU OF CLINICAL LABORATORIES
SHARON P. MASSINGALE, PH.D., HCLD(ABB) ♦ 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
8140 AUM Drive, Zip 36117-7001
P.O. Box 244018, Zip 36124-4018
Montgomery, AL

FAX: (334)260-3439

Name of Hospital or Doctor: _____

Street/Shipping Address **ONLY (No P.O. Box)**: _____

City, State, and Zip Code: _____

Telephone Number: _____

Signature and Title: _____

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. We cannot make emergency shipments.