State of California-
Health and Human Services Agency

California Department of Public Health
Newborn Screening Program

California Department of Public Health
Genetic Disease Screening Program - Newborn Screening (NBS) Program
Supply Order Form

This supply order form is only for authorized healthcare providers **who collect newborn screening specimens**. For NBS supply-related questions, e-mail NBSOrders@cdph.ca.gov.

Please read before placing an order:

Out-of-Hospital Providers: If you are not registered with the NBS Program, send a registration request to: NBSOH@cdph.ca.gov. Initial supplies will be sent to you automatically upon registration.	**Prenatal Screening (PNS) Providers:** To order PNS Program supplies, including the NBS Important Information for Parents (IIP), visit: PNS Program Supplies. For questions about PNS Program supplies, email: PNSSupplies@cdph.ca.gov.

Facility Code: Facility/Business Name: _____

Shipping Address:

Department/Division/Unit: _____

City: State: CA Zip Code:

First Name: Last Name:

E-mail: Phone Number: _____

Instructions for form completion: Enter the **total number** of each item requested. The number entered will be the **total** quantity of individual items shipped. For Test Request Forms (TRFs), you will receive an invoice from CDPH for $1 per form **after** your order has shipped.

Test Request Form (TRF) - CDPH 4409 _____

Newborn Screening Transport Log - CDPH 4406 _____

Newborn Screening Important Information for Parents (IIP) (also available online in 11 languages at: NBS - Information for Families):

English/Spanish _____ English/Chinese _____

English/Korean _____ English/Russian _____

English/Vietnamese _____

Instructions for form submission:

1. Click **Save** button below.
2. Locate the saved form on your computer.
3. Email your completed order form to NBSOrders@cdph.ca.gov.

SAVE