

REQUEST FOR CALIFORNIA PRENATAL SCREENING PROGRAM SUPPLIES

Mailing address:

California Department of Public Health
 Prenatal Screening Program Supplies
 850 Marina Bay Parkway, F175
 Richmond, CA 94804-6403

To Order Supplies:

Toll-free phone:(877) 984-8450
 Toll-free fax:(877) 984-8650
 email:PNSsupplies@cdph.ca.gov

Clinician's license number	Last name	First name
Organization/department	Telephone number	Fax number
Address (number, street, suite number)	City	State and Zip Code
Attention	(Optional) e-mail address	Date

Please use Blood Shipping Kits for blood specimens sent via U.S. mail or GSO
 Order "tubes only" if using other courier service.

Please use one tray, one pouch, and one box to send one or two specimens if they are drawn the same day.	Request for 6 mo supply
First Trimester Prenatal Screening Forms <i>(blue edge)</i>	
Second Trimester Prenatal Screening Forms <i>(green edge)</i>	
Blood Shipping Kit: Kits contain one 3.5ml serum separator tube (SST), one tray, one pouch and one box to mail the blood specimen in.	
For individual items, CIRCLE as needed: TUBES / TRAYS / POUCHES / BOXES	

Indicate (below) the number of booklets/pamphlets needed in each language: Booklets not available in gray shaded areas

	English	Spanish	Chinese	Vietnamese	Korean
Patient Booklet (includes Consent Form)					
Prenatal Diagnosis of Birth Defects					
"Easy -to-Read" Pamphlet					
Flu and Whooping Cough Brochure					
Pregnancy Immunization Brochure					

Indicate (below) the number of booklets/pamphlets needed in each language: Booklets not available in gray shaded areas

	English	Spanish			
Folate pamphlet "Before and During"					
Provider Handbook (One per clinician)					

Screen Positive (Distributed to Prenatal Diagnosis Centers for women with screen positive results)

Down Syndrome	First Trimester		
	Second Trimester		
Trisomy 18	First Trimester		
	Second Trimester		
Neural Tube Defects or Ab.Wall Defects			
Smith-Lemli - Opitz Syndrome			
Large Nuchal Translucency			
PREGNANCY CALCULATION WHEEL			
Important Information About the Newborn Screening Test (English & Spanish combined)			

How many <u>NEW</u> OB patients per month:

All Prenatal Screening supplies are the property of the State of California. Other use is strictly prohibited.

Allow 2-4 Weeks for Delivery
 For Questions and Concerns: CALL (510) 412-1441

REQUEST FOR CALIFORNIA PRENATAL SCREENING PROGRAM SUPPLIES

FOR LABORATORIES AND DRAW STATIONS ONLY

(Clinicians Use First Two Pages)

Mailing address:

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Health Prenatal Screening Program
Supplies 850 Marina Bay Parkway,
F175 Richmond, CA 94804-6403

To Order Supplies:
Toll-free phone: (877) 984 -8450
Toll-free fax: (877) 984-8650
email: PNSsupplies@cdph.ca.gov

Name of laboratory/draw station	Telephone number ()	Fax number ()
Organization/department	Organization/department cont...	State
Address (number, street, suite number)	City	ZIP code
Attention	e-mail address for confirmation	Date

Use Blood Shipping Kits for specimens sent U.S. mail or GSO. Order "tubes only" if using other courier service. Use one tray, one pouch, one box to send one or two specimens if they are drawn the same day.

	Quantity Requested (Enough for 6-Month)
Blood Shipping Kit contain: one 3.5ml blood separator tube (SST), one tray, one pouch, one box to mail the blood specimen in.	
For individual items, circle as needed: TUBES/ TRAYS/ POUCHES / BOXES	

1. Prenatal Care Provider will complete Part A of the Prenatal Screening Test Request Form.
2. Phlebotomist at laboratory/draw station must complete Part B of the Prenatal Screening Test Request Form.
3. Please photocopy this supply form for future requests.
The California Prenatal Screening Program bills patients directly for the Program fee. Laboratories may bill patients separately a reasonable fee for drawing and handling blood specimens, taking into account that the State Program provides tubes and mailing supplies free of charge to laboratories and draw stations, as well as clinicians.

Reminder: Use only Beckton-Dickinson 3.5ml Serum Separator Tubes (SST) with a gold "vacutainer" top as supplied by the Prenatal Screening Program. Screening test results are based upon calibration for these tubes only .

Important Note: First Trimester specimens MUST be centrifuged or they cannot be analyzed .

Program information and materials may be found on the Program website at:
www.cdph.ca.gov/Programs/CFH/DGDS/Pages/pns/orderingsupplies.aspx

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