

**CLEAR FORM**

California Department of Public Health  
Genetic Disease Screening Program  
California Prenatal Screening Program

State of California Health and Human Services Agency

**REQUEST FOR CALIFORNIA PRENATAL SCREENING PROGRAM SUPPLIES**

**FOR CLINICIANS ONLY**

**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	ZIP code
Attention	(Optional) e-mail address for confirmation and tracking number			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 or **two** specimens if they are drawn the same day.

	Quantity Requested (Enough for 6-Month Supply)
<b>First Trimester Prenatal Screening Forms</b> <i>(blue edged)</i>	
<b>Second Trimester Prenatal Screening Forms</b> <i>(green edge)</i>	
<b>Blood Shipping Kit</b> <i>Kits contain one 3.5ml serum separator tube (SST), one tray, one pouch and one box to mail the blood specimen in.)</i>	
<b>For individual items, CIRCLE as needed:</b> <b>TUBES / TRAYS / POUCHES / BOXES</b>	

	Indicate (below) the number of booklets/pamphlets needed in each language:				
	English	Spanish	Chinese	Vietnamese	Korean
<b>Prenatal Diagnosis of Birth Defects</b>					
<b>Patient Booklet (includes Consent Form)</b>					
<b>Prenatal Screening Tests(as of June 2015)</b>					
<b>Prenatal Diagnosis of Birth Defects</b>					

	English	Spanish	Chinese	Vietnamese	Korean
<b>Folate pamphlet “Before and During Pregnancy, You Need Folate”</b>					
<b>Prenatal Screening Program Provider Handbook (One per clinician)</b>					
<b>Important Information About the Newborn Screening Test (English &amp; Spanish combined)</b>					

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

<b>Down Syndrome</b>	<i>First Trimester</i>			<b>Screen Positive Booklets in Chinese, Korean, and Vietnamese as well as other Program materials may be found on the Program website at:</b>  <a href="http://www.cdph.ca.gov/pns">www.cdph.ca.gov/pns</a>
	<i>Second Trimester</i>			
<b>Trisomy 18</b>	<i>First Trimester</i>			
	<i>Second Trimester</i>			
<b>Neural Tube Defects or Abdominal Wall Defects</b>				
<b>Smith-Lemli - Opitz Syndrome</b>				
<b>Large Nuchal Translucency</b>				
<b>Pregnancy Calculation Wheel</b>				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**