CLEAR FORM

State of California—Health and Human Services Agency

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

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, **one** pouch, and **one** box to send **one** or **two** specimens if they are drawn the same day.

Item Description	Quantity Requested (Enough for 6-Month Supply)
First Trimester Prenatal Screening Forms *(blue edge)*	
Second Trimester Prenatal Screening Forms *(green edge)*	
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:

Prenatal Diagnosis of Birth Defects	English	Spanish	Chinese	Vietnamese	Korean
Patient Booklet (includes Consent Form)					
"Easy-to-Read" Pamphlet *(as of June 2009)*			*	*	*
Prenatal Diagnosis of Birth Defects			*	*	*
Folate pamphlet *"Before and During Pregnancy, You Need Folate"*					
Prenatal Screening Program Provider Handbook *(One per clinician)*					
Important Information About the Newborn Screening Test *(English & Spanish combined)*					

Screen Positive Brochures (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 Abdominal Wall Defects			
Smith-Lemli-Opitz Syndrome			
Large Nuchal Translucency			
PREGNANCY CALCULATION WHEEL			

** Screen Positive Booklets in Chinese, Korean, and Vietnamese as well as other Program materials may be found on the Program website at:*
www.cdph.ca.gov/programs/pns

How many NEW 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 Other Side)

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

Name of laboratory/draw station

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, **one** pouch, and **one** box to send **one** or **two** specimens if they are drawn the same day.

Item Description		Quantity Requested (Enough for 6-Month Supply)
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		

Please note:
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/pns

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