



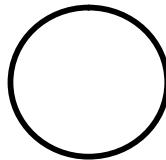
NEWBORN SCREENING TRANSPORT FORM

Please complete this form and place it in the envelope with the blood collection forms.
Keep a copy for your records.

Write the UPS Tracking Number from the shipping label in the box below; or attach a copy of the shipping label or receipt.

Tracking Number Here

In the circle below, write the TOTAL NUMBER of blood collection forms in the envelope:



Write the Lab ID Number for each blood collection form in the envelope (one per line):

1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

Form Completed By: _____

Hospital PFI #: _____

Date: _____

Phone #: _____

DOH Use Only
Opened By: _____
<input type="checkbox"/> Missing <input type="checkbox"/> Extra <input type="checkbox"/> Other

