



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

NEWBORN SCREENING TRANSPORT FORM

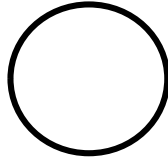
Please complete this form and place it in the envelope with the blood collection forms.

Keep a copy for your records.

Write the FedEx 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: _____
Missing: <input type="checkbox"/> Extra: <input type="checkbox"/> Other: <input type="checkbox"/>

