



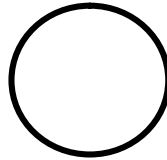
NEWBORN SCREENING TRANSPORT FORM

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):

Table with 4 columns and 10 rows for Lab ID numbers 1-10.

Form Completed By: _____

Hospital PFI #: _____

Date: _____

Phone #: _____

DOH Use Only section with checkboxes for Missing, Extra, Other and signature lines.