



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

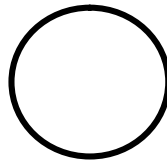
NEWBORN SCREENING TRANSPORT FORM

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

Write the 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	

