

**Newborn Screening Order Form (Midwives and Primary Care Providers Only)**

1. Please print all information clearly. **Midwives and Primary Care Providers ONLY** are able to order per device.
2. **Each collection device costs \$138.00 and all orders must be pre-paid prior to shipping.**
3. Payment may be made by check/money order payable to the **Treasurer of Virginia** or by VISA/MASTERCARD.
4. If paying by credit card, please complete the information under the Credit Card Information section. Credit Card orders may be placed by calling toll free to 1-866-378-7730 (local # 804-786-0447) or may be faxed to (804) 225-2120.
5. The purchase of NBS kits is tax exempt. The Department of General Services Federal ID # is 54-1056975.
6. If paying by check, please include the order form in an envelope addressed to:

**Department of General Services**  
**Attn: Fiscal Cashiers 5<sup>th</sup> Floor Washington Bldg.**  
**PO Box 267**  
**Richmond, VA 23218-0267**

QUANTITY	UNIT PRICE	TOTAL
	\$138.00 per device	

SHIP TO		
Complete Name of Facility:		
Street Address:		Suite:
City:	State:	Zip Code:
Dept. and/or person to receive kit(s):		
Phone Number: (     )		
Requisition Purchase Order Number (only if applicable):		

PAYMENT METHOD	
<input type="checkbox"/> Check (check number _____)	
<input type="checkbox"/> Money Order (number _____)	
<input type="checkbox"/> Credit Card (complete information below)	

CREDIT CARD INFORMATION	
<input type="checkbox"/> VISA	Credit Card Account #:
<input type="checkbox"/> MASTER CARD	Expiration Date (MM/YY):
Zip Code:	Security Code (CVC code):
Signature of Cardholder/Title	
Date:	Daytime Phone Number:

For all inquiries concerning Newborn Screening results, reports or to obtain NBS follow up nurse consultation, please call toll free to 1-866-378-7730 (local # 804-225-3345).