



State of California Health and Human Services Agency
California Department of Public Health

**Newborn Screening (NBS) Provider Order Form
For Hospital & Out-of-Hospital NBS Providers**

You can order the following supplies by email:
NBSOrders@cdph.ca.gov or by phone: (510) 412-1542

| Newborn Screening Forms: | Quantity: |
|---|-----------|
| Test Request Form (NBS Specimen Collection Forms) CDPH 4409 (05/18) | |
| Newborn Screening Transport Log CDPH 4406 (03/15) | |

Important Information for Parents about the Newborn Screening Test (IIP):

| Language | Quantity | Language | Quantity |
|-----------------|----------|------------|----------|
| English/Spanish | | Korean | |
| Armenian | | Laotian | |
| Cambodian | | Russian | |
| Chinese | | Tagalog | |
| Farsi | | Vietnamese | |
| Hmong | | | |

[English/Spanish is available on our website: www.cdph.ca.gov/nbs](http://www.cdph.ca.gov/nbs)

Facility (Submitter) Code: _____

Organization/Department: _____

Shipping Address: _____

City/State/Zip: _____

Contact Person: _____

Phone Number: _____

E-mail: _____