

## **EDUCATION MATERIALS ORDERING FORM**

## FOR NEWBORN SCREENING AND HEARING SCREENING MATERIALS

♦ Mail or Fax this form to: NEWBORN SCREENING PROGRAM

P.O. Box 64899 St. Paul, MN 55164-0899 Fax: 651-215-6285

♦ If you have any questions regarding this form, please contact the Newborn Screening Program at (651) 201-5466 or (800) 664-7772.

PART 1: CONTACT INFORMATION AND SHIPPING	ATION AND SHIPPING INFORMATION:	
YOUR CONTACT INFORMATION:	YOUR FACILITY'S NAME AND SHIPPING ADDRESS:	
Name:		
Job Title:		
Area Code & Phone Number:	Recipient's Name:	
Area Code & Fax Number:		

PART 2: ORDERING FORMS:				
Form Name:		IC Number	Quantity Needed:	
NEWBORN SCREENING (Please Note: One Fact Sheet is included with each screening card ordered)				
Newborn Screening Fact Sheet	(English)	IC# 141-3544		
Newborn Screening Fact Sheet	(Spanish)	IC# 141-3556		
Prenatal Education Brochure	(English)	IC# 141-3037		
Prenatal Education Brochure	(Spanish)	IC# 141-3557		
Prenatal Provider Folder	(English)	IC# 141-3545		
NEWBORN HEARING SCREENING				
Newborn Hearing Screening Fact Sheet	(English)	IC# 141-3652		
Hearing PASS Sheet	(English)	IC# 141-2819		
Hearing REFER Sheet	(English)	IC# 141-2820		
Hearing PASS Sheet	(Spanish)	IC# 140-2895		
Hearing REFER Sheet	(Spanish)	IC# 140-2894		
Hearing PASS Sheet	(Somali)	IC# 140-2913		
Hearing REFER Sheet	(Somali)	IC# 140-2911		
Hearing PASS Sheet	(Hmong)	IC# 140-2914		
Hearing REFER Sheet	(Hmong)	IC# 140-2912		
Hearing Screening Form for Transferred Infants	(English)	IC# 141-3711		
Newborn Hearing Screening Out-of-Hospital Birth Brochure	(English)	IC# 141-3696		
Notification of Newborn Hearing Screening Appointment	(English)	IC# 141-3712		
My Child's Hearing Checklist (pk of 100)	(English)	IC# 141-1120		
My Child's Hearing Checklist (pk of 100)	(Hmong)	IC# 141-1122		
My Child's Hearing Checklist (pk of 100)	(Somali)	IC# 141-1123		
My Child's Hearing Checklist (pk of 100)	(Spanish)	IC# 141-1121		