Newborn Screening Shipping Manifest

Facility Name

Address Line1

Address Line 2

City, State Zip

Phone #

 Place facility sticker Here **or** Type Facility Name & Address information

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| Date Shipped |
| Click or tap to enter a date. |

Please scan IA barcodes into this document. Manual entry is not encouraged.

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| Ship to: |  |
| State Hygienic Lab2220 South Ankeny BLVDAnkeny, Iowa 50023515-725-1630 |  |

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| √ | IA Barcode | Patient identifier (Example: Last Name, DOB, MRN) |
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