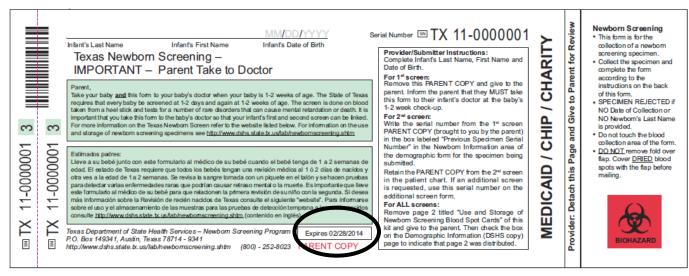
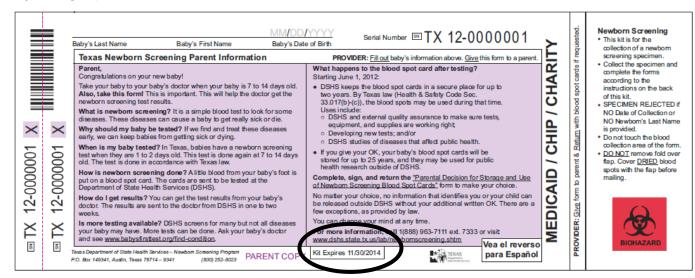


Newborn Screening Kit Expiration Date Examples

2011 NBS Kit:



2012 NBS Kit:





Newborn Screening Kit Expiration Date Examples

2011 Demographic Form:

INSURANCE TEXAS DEPARTMEN OF STATE HEALTH SERVICE, aboratory Services Section CLIA#45D0660644 FORM NBS 4 Rev 07/1 Expires 02/28/2014. Telephone (300) 252-8023 ext. 7318 MOTHER INFO MATION Mother's Last Name Maiden Name Maiden Name Social Security #	Please read the instructions on the back of this form before starting. USE BLACK NK. PRINT INFORMATION COMPLETELY, ACCURATELY, ALGEBLY IN BLOCK CAPITAL LETTERS. DSHS Lab No. For Texas DSHS Use Only SPECIMEN REJECTED if NO Date of Collection or NO Newborn's Last Name is provided. NEWBORN INFORMATION
Mother's Birth Date Mother's Birth Date	Newbomi's Last Name
Prone No. - - - - - - - - - - - - -	SUBMITTER INFORMATION \$\frac{\pi}{2}\$ NBS ID No.

2012 Demographic Form:

