

# Ohio Department of Health

## Metabolic Screening Kit Order

### ODH use only

Site number
ODH number

### ODH use only

Order #
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**Order will not be filled if form is not completed in full**

**Ship kits to:**

Number of kits requested (\$98.63 per kit)	Total Cost
Number of envelopes requested (No charge)	
Tax ID #	
PO #	

Name of individual		
Unit		
Facility name		
Street Address		
City	State	Zip Code
Phone (       )		

### Make Check payable to:

Treasurer, State of Ohio  
Ohio Department of Health

### Return order form with remittance to:

Ohio Department of Health  
Accounting Unit – M. S. Kits  
P. O. Box 15278  
Columbus, OH 43215

For shipping information, call the ODH Warehouse at (614) 468-8917. For all other information concerning your order, call the Accounting Unit at (614) 752-4292.