

ODH use only

Site number

ODH number

**Ohio Department of Health
Metabolic Screening Kit Order****ODH use only**

Order #

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

Number of kits requested (\$74.61 per kit)	Total Cost \$
Number of envelopes requested (No charge)	
Tax ID #	
PO #	

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

Ship kits to:

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

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.

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