



Nicholas A. Toumpas
Commissioner

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Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4225 1-800-852-3345 Ext. 4225
Fax: 603-271-4519 TDD Access: 1-800-735-2964



NEW HAMPSHIRE NEWBORN SCREENING PROGRAM

INSTRUCTIONS FOR ORDERING FILTER PAPERS

- Prior to placing an order, please call the Newborn Screening Program (1-800-852-3345, ext 4225), or check the Maternal & Child Health Section web page at: <http://www.dhhs.nh.gov/DHHS/MCH> to confirm the current fee for filter papers. Filter paper orders may be limited during times when changes are being made to the program.
- Please complete the new attached order form dated 9/2010. (Please discard any old forms)
- Enclose a check made out to **Treasurer State of NH** and mail with order form to:

Newborn Screening Program Attn: Filter Paper Orders
Maternal and Child Health Section
Division of Public Health Services
Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301-6504
- Upon receipt of the order with the check, the Newborn Screening Program will fill the order within two business days. **ALL ORDERS WILL BE SENT via UPS OVERNIGHT DELIVERY.**
- All requests for supplies related to newborn screening should be directed to the Newborn Screening Program at 1-800-852-3345, ext 4225 or direct at 603-271-4225.
- For any questions related to newborn screening, please call the Newborn Screening Program at 1-800-852-3345, ext 4225 or direct at 603-271-4225.



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES**

ORDER FORM FOR NEWBORN SCREENING PROGRAM SUPPLIES

SHIPPING ADDRESS: (All orders will be shipped via UPS)

Organization	
Department or Contact Person	
Street Address	
City, State	
Zip	

CONTACT INFORMATION FOR QUESTIONS REGARDING ORDER:

Name		Phone Number	
E-Mail Address			

ORDER:

	UNIT PRICE	QUANTITY	TOTAL
NEONATAL FILTER PAPERS	\$71.00		

Please check here to request UPS Next Day Air envelopes for sending NEONATAL FILTER PAPERS to the laboratory. Envelopes come in packages of 25.
How many packages are needed? _____

Make check payable to:
TREASURER, STATE OF NEW HAMPSHIRE

Send check with order form to:
Newborn Screening Program Attn: Filter Paper Orders
Maternal and Child Health Section
Division of Public Health Services
Department of Health & Human Services
29 Hazen Drive
Concord, NH 03301-6504

The New Hampshire screening panel (as of July 1, 2010) includes screening for the following conditions:

Biotinidase; Congenital Adrenal Hyperplasia; Congenital Hypothyroidism; Cystic Fibrosis; Galactosemia; Hemoglobinopathies; Homocystinuria; Maple Syrup Urine Disease; Medium Chain Acyl CoA Dehydrogenase Deficiency; Phenylketonuria; Toxoplasmosis

Argininosuccinic Aciduria; Argininemia; Carnitine Uptake Defect; Carnitine Palmitoyltransferase II Deficiency; Citrullinemia I (ASA Synthetase Def); Cobalamin A,B; Glutaric Aciduria Type I; 3-Hydroxy-3 Methylglutaryl-CoA Lysase Deficiency; Hyperornithinemia Hyperammoninemia, Homocitrullinemia Syndrome; Isovaleric Acidemia; Long Chain 3-hydroxyacyl-CoA Dehydrogenase Deficiency; 3-Methylcrotonyl-CoA Carboxylase Deficiency; Methylmalonic Acidemia; Mitochondrial Acetoacetyl-CoA Thiolase Deficiency; Multiple Acyl-CoA Dehydrogenase Deficiency; Multiple Carboxylase Deficiency; Propionic Acidemia; Trifunctional Protein Deficiency; Tyrosinemia; Very Long Chain Acyl-CoA Dehydrogenase deficiency

*For any questions related to newborn screening,
please call the Newborn Screening Program at
1-800-852-3345, ext 4225 or 603 271-4225*