



Date: _____

To:



Universiti Sains Malaysia, 11800 Minden, Penang, Malaysia
Tel: (604) 659 5605 Fax: (604) 656 9869

(Attn: Director)

REQUEST FOR NEWBORN SCREENING (NBS) SAMPLING KIT

We require NBS sampling kits (Please indicate amount: _____)

Company mailing address/stamp:
.....
.....
.....

Signature:

Designation:

Please note that the NBS sampling kit contains the following:

- (1) Zipper bag and silica gel
- (2) Filter paper
- (3) Sampling form
- (4) Instruction of specimen collection