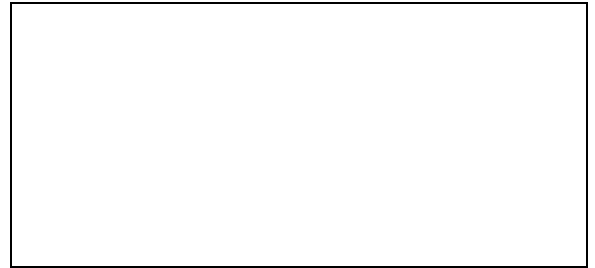


# Newborn Screening Shipping Manifest

Place facility sticker Here

or

Type Facility Name & Address information



**Date Shipped**

Please scan IA barcodes into this document.  
Manual entry is not encouraged.

Ship to:

**State Hygienic Lab**  
2220 South Ankeny BLVD  
Ankeny, Iowa 50023  
515-725-1630

√	IA Barcode	Patient identifier (Example: Last Name, DOB, MRN)

**Packed By**