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| WISCONSINDEPARTMENT OFHEALTH SERVICES1 WEST WILSON STREETP.O. BOX 7850MADISON WI 53707-7850F-80025A (11/2016) | *SHIP TO below is your shipping label. Packages will not be delivered to P.O. Boxes. Tab ↹ to next field.***SHIP TO:**Contact NameBusiness or Agency NameSuite or Room NumberDelivery AddressCity, State, and Zip Code      | Date – Request      |
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| **FORMS / PUBLICATIONS ORDER** |
| **INSTRUCTIONS FOR COMPLETION:** Do not order more than a **3- to 6-month** supply. **Order quantity by each, not carton or box.** |
| Quantity *(each)* | Form / Publication Number | Form / Publication Title |
|       | F-80025A | Newborn Screening for Critical Congenital Heart Disease |
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| **INSTRUCTIONS FOR SUBMISSION:** Email this completed form to the appropriate division below. Select the division that has the majority of forms/publications you are requesting. Division information is located next to the form/publication title in the forms/ publications library. |
| * Division of Enterprise Services **(DES****)** 608-261-4954
* Division of Care and Treatment Services **(DCTS****)**608-266-7075
* Division of Long Term Care **(DLTC****)**608-266-7075
* Division of Public Health **(DPH****)**608-267-9054
 | * Division of Health Care Access and Accountability **(DHCAA****)**608-266-8439
* Division of Quality Assurance **(DQA****)**608-261-4954
* Office of the Inspector General **(OIG****)**608-266-8439
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