

Clearview Rapid HIV Test Kits and Supplies Order Form

Please complete **ALL** shaded areas in **PART I**, and return by selecting the "Submit by Email" button located on the bottom left of this form. You may also print and email to HIVTestingKits.zzzzFeedback@flhealth.gov DO NOT ATTEMPT TO FAX

PART I

Today's Date:	<input type="text"/>	Agency:	<input type="text"/>
Date Needed:	<input type="text"/>	Contact Person:	<input type="text"/>
Shipping Address:	<input type="text"/>	Telephone:	<input type="text"/>
		E-mail Address:	<input type="text"/>

Please note that the date needed should be a minimum of **ten days from the time this request is received. We will not be using an overnight courier for any orders except for controls.*

Please check one:	Please SEND these items <input type="checkbox"/>	I am taking these items with me <input type="checkbox"/>	I am returning these items <input type="checkbox"/>	Site # <input type="text"/>
# of units* requested	# of units* requested	# of units* requested	Comments:	
Clearview Kits: <input type="text"/> (kits)	Workspace Towels: <input type="text"/>	Medium Gloves: <input type="text"/>	<input type="text"/>	
Controls: <input type="text"/> (box)	Sterile Gauze: <input type="text"/>	Large Gloves: <input type="text"/>		
Accessory Kits: <input type="text"/>	Antiseptic Wipes: <input type="text"/>			

***Please note that testing devices need to be requested by **KITS**, (number of devices) and controls need to be requested by **BOX** (each box contains 1 set of controls).*

PART II

Part II of this form is for HIV Prevention Testing Team use only. Please do not complete info for Part II.

HQ Staff:	<input type="text"/>								
Kits Sent:	<input type="text"/>	Kits Lot#:	<input type="text"/>	Expiration:	<input type="text"/>	Kits Track#	<input type="text"/>	Sent	<input type="text"/>
Controls Sent:	<input type="text"/>	Control Lot#:	<input type="text"/>	Expiration:	<input type="text"/>	Control Track#	<input type="text"/>	Sent	<input type="text"/>
Accessory Kits Sent:	<input type="text"/>	Acc. Track#:	<input type="text"/>			Sent	<input type="text"/>		
Workspace Towels Sent:	<input type="text"/>	Towels Track#:	<input type="text"/>			Sent	<input type="text"/>		
Sterile Gauze Sent:	<input type="text"/>	Gauze Track#:	<input type="text"/>			Sent	<input type="text"/>		
Antiseptic Wipes Sent:	<input type="text"/>	Wipes Track#:	<input type="text"/>			Sent	<input type="text"/>		
Medium Gloves Sent:	<input type="text"/>	Large Gloves Sent:	<input type="text"/>	Gloves Track#:	<input type="text"/>		Sent	<input type="text"/>	

RECEIVING: When your order arrives:

Please check to **ensure everything is accounted for**, and email: Derrick Traylor (Derrick.Traylor@flhealth.gov), Joy Cross-Smith (Joy.Cross-Smith@flhealth.gov), or Willie Nixon (Willie.Nixon@flhealth.gov) so that we can close out this order.

Date Received: