

OraQuick Advance Rapid HIV Test Kits 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 I am taking these items with me I am returning these items Site #

	# of units* requested		# of units* requested		# of units* requested	Comments: <input type="text"/>
Advance Kits:	<input type="text"/> (kits)	Workspace Towels:	<input type="text"/>	Medium Gloves:	<input type="text"/>	
Adv. Controls:	<input type="text"/> (box)	Sterile Gauze:	<input type="text"/>	Large Gloves:	<input type="text"/>	
Band-Aids:	<input type="text"/>	Antiseptic Wipes:	<input type="text"/>	Lancets:	<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

HQ Staff:

Kits Sent: Kits Lot#: Expiration: Kits Track#: Sent

Controls Sent: Control Lot#: Expiration: Control Track#: Sent

Workspace Towels Sent: Towels Track#: Sent

Band-Aids Sent: B-A Track#: Sent

Lancets Sent: Lanc. Track#: Sent

Sterile Gauze Sent: Gauze Track#: Sent

Antiseptic Wipes Sent: Wipes Track#: Sent

Medium Gloves Sent: Large Gloves Sent: Gloves Track#: Sent

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), or Willie Nixon (Willie.Nixon@flhealth.gov) so that we can close out this order.

Date Received: