

OraQuick Advance Rapid HIV Test Kits Order Form

Please complete ALL areas in PART I, and return to your EIC, Sandra.Estevez@flhealth.gov for review and approval. If approved, they will then forward this to the HIV Testing Inbox at hivtestingkits.zzzfeedback@flhealth.gov.

PART I

Today's Date:

Agency:

Date Needed:

Contact Person:

Shipping
Address:

Telephone:

E-mail Address:

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.*

Site #

If you will be sharing these kits with more than one site, you must list all the site numbers in the Comments box and an idea of how many kits will be going to each site listed. We do not need exact numbers but a good idea for tracking purposes.

Comments:

OraQuick Kits: (kits)

Workspace Towels:

Medium Gloves:

OA Controls: (box)

Sterile Gauze:

Large Gloves:

Band-Aids:

Antiseptic Wipes:

Lancets:

***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

RECEIVING: When your order arrives:

Please check to ensure everything is accounted for, and email Ronnie Nichols (Ronald.Nichols@flhealth.gov), or Derrick Traylor (Derrick.Traylor@flhealth.gov).

Date Received: