

# OraQuick HCV Rapid Test Kits Order Form

Please complete all shaded areas, print, scan and email to:  
Sandra.Estevez@FLHealth.gov

## 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:
HCV Kits:	<input type="text"/> (kits)	Workspace Towels:	<input type="text"/>	Medium Gloves:	<input type="text"/>	
HCV 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 Robert Phelps (Robert.Phelps@flhealth.gov) so that we can close out this order.

Date Received: