

OraQuick Rapid HEPATITIS 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 or fax your request to the HIV Testing Team at:
HIVTestingKits.zzzzFeedback@flhealth.gov (850) 412-1162.

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 HIV Test Site #

# of units* requested	Comments:
Hepatitis Kits: <input type="text"/> (kits)	<input type="text"/>
Hepatitis Controls: <input type="text"/> (box)	

***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:	<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"/>

RECEIVING: When your order arrives:

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

Date Received: