

OraQuick Rapid HEPATITIS Test Kits Order Form

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

HIV/ HCV Testing
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:

Hepatitis Kits:

(kits)

Hepatitis Controls:

(box)

If more than one box of controls is needed please explain the reason above. If you are sharing kits, ALL the site #s must be listed below in Part II and the number of kits allocated to each site.

Please note that testing devices come in a minimum of 100 and can be requested by using single digits or in increments of 100, (i.e. 2 or 200). Controls can be requested by 1,2,3 and each box contains one set of controls which can be used up to 20 times if used properly.

PART II

PLEASE NOTE:

You must be Pre-Approved for HCV Testing before receiving any kits through FDOH.

**At this moment,
no sites are being approved.
You may ask your EIC
about being placed on a waiting list.**

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) .