OraSure HIV 1/2 Test Kits and Supplies 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.*

Site #

Comments:

OraSure: 50 CT (Box)

1 = 50 kits

Workspace Towels:

Medium Gloves:

Large Gloves:

Please note that testing devices need to be requested by **boxes**, **(each box contains 50 test devices).

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) .

Submit by Email

Print Form