

HIV/AIDS Program Rapid Test Request Form

Escambia ~ Santa Rosa ~ Okaloosa ~ Walton

May take up to 3-4 weeks to fill large orders.

Condoms and testing supplies are subject to availability.

Rapid Test Supplies are available to approved test sites with a current site number and MOA.

Please contact us to arrange pickup time for your order. Orders will need to be picked up at:

****NEW PICKUP ADDRESS****

Florida Department of Health in Escambia County ~ Fairfield Service Center

1295 West Fairfield Drive Pensacola, Florida 32501

For more information, please contact Lorenzo Scott at 850-316-2727

Please fax order form to 850-595-6691 or email order form to Lorenzo.Scott@flhealth.gov

Name of Organization: _____ Current Site Number: _____

Contact Person: _____ Telephone #: _____

Address: _____

Type of Organization: (please check the box that most closely applies)

- 1=Community-based Org. 2=Private Business 3=College/University/School
 4=Clinic/Medical Setting 5=Outreach 6=Prevention Interventions 7=Faith-based Org.

Rapid Test Kits

CHEMBIO Sure Check® HIV ½ (25 kits per box) _____ # (kits): _____

OraQuick Advance® HIV ½ _____ # (kits): _____

OraQuick® In-Home HIV ½ Test Kit _____ # (kits): _____

OraSure® Oral Specimen Collection Pad _____ # (kits): _____

Additional Items (Items are provided if available)

FDOH Form 1628 Pads (100 forms per pad) _____ # (pads): _____

Work Station Pads _____ # (pads): _____

Nitrile Exam Gloves (M or L 100 gloves per box) _____ # (boxes): _____

Gauze Sponges (Sleeve of 200 sponges) _____ # (sleeves): _____

Alcohol Prep Pads (Box of 200 pads) _____ # (boxes): _____

Brochure Request (Unfortunately, Brochures Are Not Available At This Time)

Please list the type of audience that you are trying to reach and/or purpose:

- | | | |
|--|--|---|
| <input type="checkbox"/> Females (general) | <input type="checkbox"/> Abstinence | <input type="checkbox"/> HIV Positive |
| <input type="checkbox"/> Heterosexual Male (general) | <input type="checkbox"/> Substance Use | <input type="checkbox"/> Over Age 50 |
| <input type="checkbox"/> MSM (general) | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Faith-Based |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Black Men | <input type="checkbox"/> Oral Sex |
| <input type="checkbox"/> Children | <input type="checkbox"/> Black Women | <input type="checkbox"/> STDs (general) |
| <input type="checkbox"/> Pregnant Women | <input type="checkbox"/> Black MSM | |

Additional Comments: _____

FOR OFFICE USE ONLY:

Date order filled: _____ Date Scheduled for Pick Up: _____ Staff Initials: _____

Signature For Pick Up: _____ Date: _____