

Request for OraSure

HIV Early Intervention Services Program

The HIV Early Intervention Services (EIS) program has a limited supply of OraSure oral test devices which we make available to HIV EIS counselors. Factors that determine whether your request can be filled include the availability of test kits and whether your site is in compliance with reporting requirements.

Date: _____ Supervisor: _____

Name: _____

Facility: _____

Shipping Address: _____

Phone number: _____ E-mail: _____

Please confirm that you are eligible for OraSure by checking the appropriate boxes below:

I have completed the required *HIV prevention counseling and testing* course.

I am trained to administer OraSure.

I know how to correctly fill out the HIV Test Report form, aka bubble sheet.

For a sample form and an instruction manual, visit www.hiveis.com and click on FORMS.

I have submitted an HIV Test Report form for every test conducted; I have no overdue bubble sheets.

Signed

I am requesting a box of 50 100 OraSure test devices.

Send your request to Katherine Bever by fax **404-704-0699** or email alphabever@mindspring.com

You will be notified by e-mail whether your request can be filled.