

Rapid Test Device Request Form

All Test requests are completed in the order in which they are received. Please allow up to a week for processing.

* Denotes required fields.

*1. Requested by: Agency Name _____

*2. Agency Contact: Name of person submitting request _____

*3. Agency ID #: _____

*4. Agency Phone #: _____

*5. Email Address: contact person _____

*6. Rapid Test Device:(How many test are you requesting?)

m 1 box (25 kits)

m 2 boxes (50 kits)

m 3 boxes (75 kits)

m 4 boxes (100 kits)

m 5 boxes (125 kits)

m 6 boxes (150 kits)

m 7 boxes (175 kits)

m 8 boxes (200 kits)

*7. Do you need External rapid controls?

m Yes

m No

*8. Do you need Lancets for conducting finger-sticks?

1 box(100 lancets)

2 boxes (200 lancets)

3 boxes (300 lancets)

4 boxes (400 lancets)

9. Additional Comments

Questions: Contact Camille Cushinberry at (785) 296-7716, fax (785) 559-4229 or email ccushinberry@kdheks.gov.

