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

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