

AREA 4 AIDS PROGRAM OFFICE
Prevention and Testing Materials Order Form

PICK UP ADDRESS: **515 West 6TH STREET (East Building) JAX, FL. 32206**

QUANTITY BOX or BAG	TYPE of Materials	APO Staff Initials ONLY
	CONDOMS, LUBRICANT	
	<input type="radio"/> TROJAN NATURAL	
	<input type="radio"/> TROJAN MAGNUM (X-Large) ***	
	<input type="radio"/> ONE LEGEND (X-Large)	
	<input type="radio"/> ONE CLASSIC	
	<input type="radio"/> ONE FLAVORED	
	<input type="radio"/> ATLAS BLACK	
	<input type="radio"/> LIFESTYLES NON-LATEX	
	<input type="radio"/> FEMALE (Internal) CONDOM (100 per Bag) ***	
	<input type="radio"/> LUBRICATION (100 Single use) Silicone or Water-based	
	<input type="radio"/> DENTAL DAM (50 per Box) ***	
	TESTING SUPPLIES	
	<input type="radio"/> ORASURE (50 per box) ***	
	<input type="radio"/> SURECHECK (25 PER BOX) ***	
	<input type="radio"/> HCV RAPID TEST KITS *** (STATE-APPROVED SITES ONLY)	
	<input type="radio"/> SYPHILIS RAPID TEST KITS (20 PER BOX) ***	
	<input type="radio"/> AT-HOME HIV TEST KITS (6 PER BOX)***	
	<input type="radio"/> CONTROL KITS (FOR RAPID TESTS) HIV or HCV	
	<input type="radio"/> 1628 FORMS Form # _____	
	ANCILLARY SUPPLIES***	
	<input type="radio"/> 2X2 GAUZE PADS (200 PER SLEEVE)***	
	<input type="radio"/> ALCOHOL PADS (100 TO 200 PER BOX) ***	
	<input type="radio"/> LANCETS (28G NEEDLE) ***	
	<input type="radio"/> GLOVES (MEDIUM OR LARGE) ***	
	<input type="radio"/> DENTAL BIBS ***	
	<input type="radio"/> SURE CHECK CONTROL ACCESSORY KIT ***	
	<input type="radio"/>	
	<input type="radio"/>	

YOUR AGENCY: _____ PHONE: _____

NAME: _____ EMAIL: _____

Request Date: _____ HIV Test Site Number: _____ Zip Code: _____

*** **Limited Availability** – call first to check stock.

BOX =1000 condoms

BAG =250 condoms

***** ANCILLARY SUPPLIES**

APO STAFF SIGNATURE: _____ **Distribution Date:** _____

Fax # (904) 253-1991 **Distribution Hours: Tuesdays & Thursdays 9am-12 noon.**

***You will receive an email or call when your request is ready for pick-up. ***

(Items NOT picked up within one (1) week of request will be returned to our supply).

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Pack(s) BROCHURES pack of 50	TYPE of Materials	APO Staff Initials ONLY
	BROCHURES ***	
	<input type="radio"/> 12 REASONS TO GET TESTED	
	<input type="radio"/> ABSTINENCE FACTS	
	<input type="radio"/> CHLAMYDIA (ENGLISH OR SPANISH)	
	<input type="radio"/> CONDOM BASICS (ENGLISH OR SPANISH)	
	<input type="radio"/> CONDOMS: TALKING WITH YOUR PARTNER	
	<input type="radio"/> DRUGS & HIV	
	<input type="radio"/> GENITAL WARTS & HPV	
	<input type="radio"/> GONORRHEA	
	<input type="radio"/> HEPATITIS A, B, C (SPANISH)	
	<input type="radio"/> HEPATITIS C	
	<input type="radio"/> HERPES: YOU AND SEX	
	<input type="radio"/> HIV & STD PREVENTION AFTER 50	
	<input type="radio"/> HIV ANTIBODY TEST Q & A	
	<input type="radio"/> HIV TESTING/FACTS (ENGLISH OR SPANISH)	
	<input type="radio"/> HIV/STD FACTS FOR TEENS	
	<input type="radio"/> HIV: ANSWERS FOR WOMEN (ENGLISH OR SPANISH)	
	<input type="radio"/> HIV+ SEX	
	<input type="radio"/> LIVING HEALTH WITH HIV	
	<input type="radio"/> MEN: PROTECT YOUR SEXUAL HEALTH	
	<input type="radio"/> ORAL SEX & GAY MEN	
	<input type="radio"/> PARTNER SERVICES***	
	<input type="radio"/> PREP/PEP***	
	<input type="radio"/> SAFER SEX – TALKING WITH YOUR PARTNER	
	<input type="radio"/> STD & ANAL SEX	
	<input type="radio"/> STD & GAY MEN	
	<input type="radio"/> STD TESTING/FACTS (ENGLISH OR SPANISH)	
	<input type="radio"/> SYPHILIS	
	<input type="radio"/> TRANSGENDER	
	<input type="radio"/> U = U (UNDETECTABLE = UNTRANSMITTABLE)	
	<input type="radio"/> USE CONDOMS – 12 REASONS	
	<input type="radio"/> WOMEN: PROTECT YOUR SEXUAL HEALTH	
	<input type="radio"/> WOMEN'S HEALTH: WHAT'S NORMAL, WHAT'S NOT	

YOUR AGENCY: _____ PHONE: _____

NAME: _____ EMAIL: _____

Request Date: _____ HIV Test Site Number: _____ Zip Code: _____

***** Limited Availability – call first to check stock. BROCHURES pack of 50**

APO STAFF SIGNATURE: _____ **Distribution Date:** _____

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