



OraQuick Rapid Hepatitis C Test Kit Order Form

Please complete all areas of this request form.
Email or fax your request to the Georgia DPH Hepatitis Program at:

Shayna.Jefferson-Williams@dph.ga.gov | (404) 657-4472

Date Requested: _____

Agency: _____

Contact Person: _____

Telephone: _____

Email Address: _____

Shipping Address: _____

Quantity Requested: _____

Control Quantity: _____

Date Needed: _____

Target Population: _____

Please describe the setting which HCV testing will be conducted
(e.g. outreach, clinic, jails, etc.):

Office use only

Kits Sent: ____ Lot #: _____ Exp: ____ Track #: _____ Sent: ____ Rec: ____

Controls Sent: ____ Lot #: _____ Exp: ____ Track #: _____ Sent: ____ Rec: ____