

REORDER FORM

Due to changes that may occur, do not order more than 3-months of kits at a time.

QTY.	CAT. NO.	DESCRIPTION
ILLINOIS KIT		
	ILSP700	Illinois Sexual Assault Kit (must be ordered in increments of 12-kits, not exceed 24)
ILLINOIS PRE-VOID WIPE PACKET		
	ILPV100	Illinois Pre-Void Wipe Packet (must be ordered in increments of 12-kits, not exceed 24)

*Please fill out the following information and email to:
Sue Jennings at sjennings@sirchie.com*

SHIP TO	MEDICAL FACILITY: _____
	ADDRESS: _____
	CITY: _____ STATE: _____ ZIP: _____
	PHONE: _____ FAX: _____
	DEPARTMENT: _____ CONTACT NAME: _____