

## Division of HIV/AIDS Condom Order Form

\*\*Complete all **BLUE** fields

<b>To: (Agency name)</b>	
<b>Contact Person:</b>	
<b>Email:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	
<b>Date:</b>	

HIV/AIDS Condom Order	# of Box/Bags	Total Condom Ct.	TOTAL ORDER
Male Lubed Latex Condoms/(250 ct./box)		0	0
Male Non-Lubed Condoms/(125 ct./bag)		0	0
Female Latex-free Condoms/(100 ct./bag)		0	0
Asst Flavor Lubed Latex Male Condoms/ (125 ct./bag)		0	0
XL Male Latex Condoms/ (126 ct. /bag)		0	0
<b>Total Condom Ct. in your order =</b>		<b>0</b>	

\*\*Please estimate the number of condoms to be distributed to the following populations.\*\* *The number for this portion would be the numbers in the Total Condom Ct. area, take the total number in that area and allocate it in the THREE areas below. ORDERS WILL NOT BE FILLED UNLESS THIS INFORMATION IS COMPLETED CORRECTLY*

<b>High Risk Negatives/Unknown</b>	
<b>HIV+ Individuals</b>	
<b>General Population</b>	

<b>TOTAL=</b>	<b>0</b>
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\*\*Numbers in **PURPLE** must match exactly

**Please submit this order form via fax (717) 772-4309, or electronically Attn: Greta Anderson, margaander@pa.gov**

