

Condom Order Request Form

To be completed only by eligible agencies without PIOS Access

Agency Name:	
Contact Person:	
Email:	
Phone:	
Mailing Address:	
Delivery Instructions:	

Type of Agency	
<input type="checkbox"/> Local Health Department <input type="checkbox"/> DSHS HIV/STD Contractor <input type="checkbox"/> Other	<input type="checkbox"/> DSHS Regional Health Department <input type="checkbox"/> Non-Profit Organization

Description of the target audience: (Demographics)	
Counties served by agency:	
List all funding sources and funding set aside to purchase condoms:	
How many HIV tests do you perform monthly:	
How many STD tests do you perform monthly:	

Requested Cases	Qty Per Case	Item No.	Item Description
	1008	896687	Lifestyles® Kyng Lubricated X-Large
	1008	1206387	Lifestyles® Tuxedo™ Lubricated
	1008	1206382	Lifestyles® Assorted Colors Lubricated
	1000	1225025	SKYN® Original Lubricated
	1000	883736	Trojan® Magnum® Lubricated Large
	1008	1206388	Lifestyles® Ultra Thin Lubricated
	1008	1206386	Lifestyles® Ultra Ribbed Lubricated
	12 Pack	1075042	FC2 Female Condom® Lubricated
	100/Box	883734	Trustex® Dental Dam 6 W X 6 L Inch
	1000	1123411	Personal Lubricant ID GLIDE® 3 mL Individual
	1000	1171921	Personal Lubricant ID GLIDE® 3 mL NonSterile

By signature, the agency certifies that the agency listed on this form has received a copy of HIV/STD Policy No. 130.001 and that the applicant/agency understands and agrees to abide by the rules governing the distribution of state-purchased condoms as stated therein.	
Name/Title of Authorized Agency Representative	
Signature	

Please email to HIVSTDsupport@dshs.texas.gov

Center Office Use ONLY: Approved Denied

Reason:

Name of Reviewer: _____

Form 130.001A

Date: _____