

## REORDER FORM

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

QTY.	CAT. NO.	DESCRIPTION
<b>ILLINOIS KIT</b>		
	<b>ILSP700</b>	Illinois Sexual Assault Kit (must be ordered in increments of 12-kits, not exceed 24)
<b>ILLINOIS PRE-VOID WIPE PACKET</b>		
	<b>ILPV100</b>	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:*

*Jennifer Paschall at [jpaschall@sirchie.com](mailto:jpaschall@sirchie.com)*

<b>SHIP TO</b>	MEDICAL FACILITY: _____
	ADDRESS: _____
	CITY: _____ STATE: _____ ZIP: _____
	PHONE: _____ FAX: _____
	DEPARTMENT: _____ CONTACT NAME: _____