


# GenProbe Collectors

SUBMITTER ID #	
Agency Name:	
Address:	
City, Zip:	
Contact Person:	
Phone:	
Fax:	



Revised 6/04  
 Mail or Fax Requests to:  
**Texas Department of State Health Services**  
**1100 West 49<sup>th</sup> Street**  
**Austin, Texas 78756-3194**  
**Ph. (512) 458-7661 / Fax (512) 458-7672**

<b>If delivery address is different, please complete the following:</b>
Ship to:
Address:
City: <span style="float: right;">Zip:</span>
Attn:

<b>For TDSHS Use Only:</b>
Date order received: _____
Entered into computer by: _____
Date of computer entry: _____

Program	Female*	Male*
Title V		
HIV/STD (IPP)		
Title X		
Title XX		
THSteps		
Other		
<b>Total:</b>		

<b>Please order a three months supply the month before that quarter begins.</b>
<p>___ 1<sup>st</sup> Quarter (Sept., Oct., Nov.)</p> <p>___ 2<sup>nd</sup> Quarter (Dec., Jan., Feb.)</p> <p>___ 3<sup>rd</sup> Quarter (March, Apr., May)</p> <p>___ 4<sup>th</sup> Quarter (June, July, Aug.)</p>

<b>*Order by collector amount, not by box amount</b>
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**Orders will be shipped within 5 working days of receipt of request.**