

 **Outreach Order Form**

**Name of Site:**

**Address:**

**Email:**

**Telephone:**

**Contact Name:**

**Job Title:**

**I would like to order** (please indicate number of kits below):

**Heterosexual Male**

**Heterosexual Female**

**MSM**

**Condoms**

**Lube**

Testing kits are for Chlamydia and Gonorrhoea. If testing is required for HIV and Syphilis, please state this in the order.

Please email completed order form to:

outreach.cheshirewest@nhs.net