

**AERA**

**SWABBING KIT - ORDER FORM**

Complete this form and email to AERA EADCM Coordinator, Marylou Locke. Email: [maryloulocke@bigpond.com](mailto:maryloulocke@bigpond.com)

Please allow three weeks for delivery of kits.

Open the document on your PC and type directly into the cells and then save.

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| **DETAILS OF PERSON PLACING THE ORDER** | |
| NAME |  |
| ADDRESS |  |
| PHONE(S) |  |
| EMAIL |  |

|  |  |
| --- | --- |
| **DETAILS OF THE EVENT** | |
| NAME OF EVENT |  |
| LOCATION OF EVENT |  |
| DATE OF EVENT |  |

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| **SWABBING KIT REQUIREMENTS** | |
| NUMBER OF KITS REQUIRED |  |
| NAME OF NOMINATED PERSON WHO IS TO RECEIVE THE KITS (PREFERABLY MCP ACCREDITED) |  |
| PHYSICAL ADDRESS OF THE NOMINATED PERSON ABOVE TO RECEIVE THE KITS (CANNOT BE A PO BOX) |  |
| LAST POSSIBLE DELIVERY DATE TO THE NOMINATED PERSON |  |