

**Georgia Department of Community Health  
Division of Public Health/Office of Infectious Disease & Immunization  
STD UNIT**

**MATERIALS REQUEST FORM**

**Mission:** To provide technical assistance to the Public Health Districts to prevent Sexually transmitted Infections ensuring the availability of quality prevention and treatment by improving quality assurance guidelines and methods by appropriate training.

Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email address: \_\_\_\_\_

Target audience: \_\_\_\_\_

<b>Item</b>	<b>Quantity</b>
<b>Condoms</b>	
<b>STD Literature/Brochures</b> (Specify STD)	
<b>Lubricant</b>	
<b>STD Treatment Guidelines</b>	
<b>Dental Dam</b>	
<b>Female Condoms</b>	

**Please Note: The quantity of materials supplied, depends on the amount of materials available at the time of your request. Supplied quantities may not match your request.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Please return completed forms at least two weeks in advance to LaKeshia M. Strong**

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