



## AERA FORM 12 SWABBING KIT - ORDER FORM

ABN: 14 684 748 206

Inc No: Y1458516

Please complete this form and email to AERA National Medication Control Officer, 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.

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

DETAILS OF THE EVENT	
NAME OF EVENT	
LOCATION OF EVENT	
DATE OF EVENT	

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	