

ORDERING FORM FOR NALOXONE CARRYING CASES

Virginia Association of Chiefs of Police First Responders Naloxone Program

Please visit <https://www.ODkit.com/> for full information on the options

Photos of carrying cases: <https://photos.vachiefs.org/Other/OD-Kits-Naloxone-Carrying-Cases/>

1. **Black OD Kit V2D Double Pouch with PPE** (Nylon pouch that can carry 2 doses of 4mg naloxone, face shield, Large gloves, various holster attachment options.)

OD Kit V2D w/PPE — Metal Clip attachment	Quantity	_____
OD Kit V2D w/PPE — Molle attachment	Quantity	_____
OD Kit V2D w/ PPE — Velcro attachment	Quantity	_____

2. **Black OD Kit V2D Double Pouch** (Nylon Pouch that can carry 2 doses of 4mg naloxone, various holster attachment options; **no face shield or gloves included.**)

OD Kit V2D — Metal Clip attachment	Quantity	_____
OD Kit V2D — Molle attachment	Quantity	_____
OD Kit V2D — Velcro attachment	Quantity	_____

3. **Black OD Kit V2 Case** (Rugged plastic case with temperature insulation for 1 dose of 4mg naloxone, various holster attachment options; **no face shield or gloves included.**)

OD Kit V2 Case — Metal Clip attachment	Quantity	_____
OD Kit V2 Case — Molle attachment	Quantity	_____
OD Kit V2 Case — Velcro attachment	Quantity	_____

4. **Orange OD Kit Wall Mount** (Wall-mounted response kit that fits 2 doses of naloxone and PPE; **no face shield or gloves included.** The kit mounts easily to any surface with your choice of 3 types of supplied screws.)

OD Kit Wall Mount	Quantity	_____
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Coupon Code: VACP2024OFFER	Cost	\$ ZERO
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SHIP TO: Full Name _____ Agency _____

Phone _____ E-mail _____

Address _____

By signing below, I am assuring that this order is from a bona fide Virginia first responder agency, and I understand that this order is a first come, first served, limited time offer made available through a VACP grant. Upon receipt, OD Kit LLC will send confirmation of order, product availability, and shipping timeframe.

AUTHORIZED AGENT:

Signature _____ Date _____

Title _____ Phone _____

E-mail _____

Total number of authorized agency strength /authorized emergency response personnel: _____

EMAIL ORDER FORM TO ATTENTION OF Peter Giannopoulos at ODkitSales@gmail.com