

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. **NarCase® V4 + Kydex holster** (Rugged plastic case and rugged Kydex holster for 1 dose of 4mg naloxone; Malice Clips included for both duty belts and molle Vests; PPE not included.)

NarCase® V4 + Kydex holster Quantity _____

Choose Holster style: ☐ Flat Black ☐ Basket Weave Black

Choose Case color: ☐ Black ☐ Red ☐ Blue

2. **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 _____

3. **Black OD Kit V2D Double Pouch** (Nylon Pouch that can carry 2 doses of 4mg naloxone; PPE not included.)

OD Kit V2D — Metal Clip attachment Quantity _____

OD Kit V2D — Molle attachment Quantity _____

OD Kit V2D — Velcro attachment Quantity _____

4. **Black NarCase V4** (Nylon Pouch with Rugged plastic case insert for 1 dose of 4mg naloxone; PPE not included.)

OD Kit V2 Case — Metal Clip attachment Quantity _____

OD Kit V2 Case — Molle attachment Quantity _____

OD Kit V2 Case — Velcro attachment Quantity _____

5. **Orange OD Kit Wall Mount** (Wall-mounted response kit that fits 2 doses of naloxone and PPE; PPE not included. Kit mounts to almost any surface with one of 3 types of supplied screws.)

OD Kit Wall Mount Quantity _____

My signature below certifies that this order is from a bona fide Virginia first responder agency. I understand that the supplies are to be used by first responders and are not for distribution to the general public or to individuals outside of the agency placing the order. I understand that this is a first come, first served, limited time offer made available through a federally funded grant program managed by the VACP and all orders are subject to approval.

Signature _____ Date _____

Title _____ Phone _____

E-mail _____

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

SHIP TO: Full Name _____ Agency _____

Address _____

E-mail _____ Phone _____

Coupon Code: VACP2025OFFER - - Cost = \$ZERO

EMAIL ORDER FORM TO PETER GIANNOPOULOS AT ODkitSales@gmail.com