

COVID-19 Testing Resource Submission

The Massachusetts COVID-19 Command Center is maintaining a [resource page](#) for testing for individuals, employers, and long-term-care residences, such as nursing homes.

If your organization is offering testing for COVID-19 and would like to be added to this resource page, please submit all information requested below. You must answer every question. It is your responsibility to provide the information required for review. Submitting complete and accurate information the first time will produce the timeliest results, minimizing requests for additional information that may delay your information being published on the public website.

1. What is the name of your organization/business?

2. What is your business address?

3. What is the phone number to be published?

4. What is the email address or website link to be published?

5. Which population(s) are you able to provide testing for?

- Employers seeking testing of employees
- Nursing facilities
- Other long-term-care/assisted living residences
- Senior housing facilities
- Homeless shelters
- Other congregate care (please specify) _____
- Other (please specify) _____

6. Which patient population(s) are you providing testing for?

- Asymptomatic individuals with no COVID-positive close contacts
 - Symptomatic individuals
 - Close contacts of COVID-positive individuals
 - Other (please specify)
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7. What type(s) of testing do you offer?

- Saliva
 - Nasopharyngeal
 - Anterior nasal
 - Serological (antibody)
 - Other (please specify)
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8. Please describe the testing you offer (for each type)

- How has the test been validated?

- Has the test been approved by the U.S. Food and Drug Administration (FDA)?

- Yes No

- Has the test received Emergency Use Authorization from the FDA?

- Yes No

- How accurate is the test (e.g., sensitivity and specificity)?

9. What is your anticipated daily testing capacity?

10. What is your anticipated turnaround time for providing results of testing?

11. Where do you offer testing?

- Onsite at my location
- At clients' locations (mobile capability)
- Via mail-in specimen collection
- Other (please specify) _____

12. Who can collect the specimen?

- My staff
- The clients' onsite medical staff
- Self-collected (patient)
- Other (please specify) _____

13. What type of payment do you accept?

- I can bill insurance (please specify whether this includes MassHealth, Medicare, and commercial insurance).

- I take private pay.
- Other (please specify) _____

14. What geographies do you serve? Please list all applicable counties.

15. Point of contact for follow up, if needed:

- Who is a good point of contact?

- What is their email address?

- What is their phone number?

COVID-19 Testing Resource Attestation

I, _____, hereby certify under the pains and penalties of perjury that I am the duly authorized officer or representative of _____ (business/organization), located at _____, and that the information contained in this COVID-19 Testing Resource Submission is true, accurate, and complete, to the best of my knowledge. I understand that I must promptly notify the Massachusetts COVID-19 Command Center of any material change in any of the information submitted in this COVID-19 Testing Resource Submission.

Printed Name _____

Title _____

Signature _____

Date _____

Please return an electronic scan of this entire document by email to Amy Kapan at Amy.E.Kaplan@mass.gov. The provider must maintain the original executed COVID-19 Testing Resource Submission.

If you have any questions or updates to information you previously submitted, please contact Amy Kapan by email at the address indicated in the previous paragraph.

The Massachusetts COVID-19 Command Center may post any or all of the information provided at its sole discretion. It may also elect not to post information, or take down information previously posted, at its sole discretion.