# **Appendix A: BinaxNOW Request Form for Outbreak Testing**

|  |  |  |
| --- | --- | --- |
| **Date Submitted to DPH:** | OPEM 213TS – Resource Request Form – COVID19*BinaxNOW Test Kit Requests for Outbreak Testing* | Page 1 of 1Version 06-08-22 |
| **I. REQUESTING AGENCY POINT OF CONTACT - Please Type ALL Answers** |
| **1**. Requestor’s Name (Please Print) | **2.** Title  | **3.** Requestor’s Phone No.  |
| **4**. Requestor’s Organization | **5**. Requestor’s E-Mail Address |
| **6**. DELIVERY Address (include any special instructions; such as if there is a loading dock, of if the facility needs to be contacted prior to delivery).  | **7**. DPH Facility ID number |
| **7**. 24/7 Contact Name and Phone number for delivery issues |
|  |
| **8**. Hours of operations to receive delivery (for example 8:00 am – 3:00 pm M-F) |
| **II. REQUEST SPECIFICS - Please Type ALL Answers** |
| **9**. Order (Please complete all fields) |
| No. Requested | Items Available: | Date Need, pending availability |
|  | **Abbott BinaxNOW COVID-19 Test Kit – FOR OUTBREAK TESTING**[Each kit contains test cards and swabs to conduct 40 tests, therefore, please request the total number of **kits** needed based on this quantity] |  |
| **III. Submittal Process** |
| **10.**. To submit a request, please email completed form to:COVID19.Resource.Request@mass.gov |