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

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| **Date Submitted to DPH:** | | OPEM 213TS – Resource Request Form – COVID19  *BinaxNOW Test Kit Requests for Outbreak Testing* | | | | Page 1 of 1  Version 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](mailto:COVID19.Resource.Request@mass.gov) | | | | | | |