# Resource Request Form

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| **Date Submitted to DPH:** | OPEM 213TS – Resource Request Form – COVID19*Abbott BinaxNOW Test Kits* | Page 1 of 1Version 10-5-20 |
| **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 |
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| **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**[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** |