COVID-19 Test Processing at DPHL for Vendors at Long-term Care Facilities

Agreement Form

Name of Agency: ____________________ Agency Point of Contact: ____________________

Point of Contact Email & Phone Number: ____________________

Our agency, ____________________, agrees to the below conditions for utilizing the Division of Public Health Lab (DPHL) for agency staff working at long-term care facilities.

- Submit a State Health Operations Center (SHOC) Resource Request Form to SHOC@delaware.gov for testing supplies (nasopharyngeal, oropharyngeal, or anterior nares swabs testing kits)
- Follow process for Laboratory Information Management System (LIMS) onboarding
- Abide by the designated testing schedule for your agency
- If using State Service Center (SSC) Courier services for specimen delivery to DPHL, make an appointment at respective SSC to drop off specimens on designated dates, package specimens in sealed container or bag, and include a line list of all specimens in shipment.
- Deliver specimens to SSC on designated date and time (if unable to make delivery time to SSC, it is the facility’s responsibility to deliver the specimens directly to DPHL).

Failure to comply with these conditions may result in not having access to DPHL for test processing.

Sign below and return to DPH_PAC@delaware.gov.

______________________________
Signature

______________________________
Date

<table>
<thead>
<tr>
<th>Designated Days for DPHL processing:</th>
<th>Drop off time on designated days:</th>
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<tbody>
<tr>
<td></td>
<td>SC: Prior to scheduled Courier pick up time</td>
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<tr>
<td></td>
<td>DPHL: By 10:00 AM</td>
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</tbody>
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Last Edited (11/6/2020)