

Return Completed Form to: SHOC@delaware.gov

SHOC Request for Supplies for Mandatory Recurring Testing for LTC Facilities Vendors		Requesting Agency Contact Information Use Print Only	
Date:		Time:	
Name of Agency:			
Agency Type:	Laboratory	Staffing Agency	Portable X-ray
	Hospice	Transportation	Other:
Agency Address:			
Point of Contact Name:		Title:	
Email Address:			
Phone #:	Mobile #:	Fax #:	
Vendor Testing Using NP/OP/Anterior Nares Swab Tests			
Number of vendors serving LTC facilities in Delaware who need to be tested:			
Vendor tests per week multiplied by four (4):			
<i>Vendors are to be tested once per week with NP/OP/Anterior Nares swab testing kits. The next request should be placed four (4) weeks after this request.</i>			
Alternative Testing Method			
If the above described testing method is not being used, please use the space below to provide testing details and request for supplies from the state (<i>include: # of vendors, type of test for each, and frequency of testing</i>).			
Name of LTC facility(s) in Delaware you service:			
Test Pick Up Method			
Pick up in New Castle County, exact location to be determined			
Pick up in Kent County, State Health Operations Center (SHOC), Smyrna			
Pick up in Sussex County, exact location to be determined			
Other:			
Remainder of Document for SHOC Use			
Verification of serviced facility completed by:			

Request sent to SHOC Operations: (by whom, date & time)	
Received in SHOC Operations: <i>(by whom, date & time)</i>	SHOC Operations Assigned To: <input type="checkbox"/> Logistics <input type="checkbox"/> Planning <input type="checkbox"/> Finance and Admin <input type="checkbox"/> Other <input type="checkbox"/> Healthcare Services Branch <input type="checkbox"/> Other <i>(define other)</i>
Received by:	Date and Time:
Augmenting Justification/Comments:	
Ability to fill request: <input type="checkbox"/> In entirety <input type="checkbox"/> Partially <input type="checkbox"/> Pending <input type="checkbox"/> Redirected <input type="checkbox"/> Other	
Comments <i>(why partial pending, redirected or other)</i>	
Send to SHOC Operations for action	
Received by:	Date and Time:
SHOC Operations Chief Recommendation:	
SHOC Operations Chief Signature:	
SHOC Command Actions: SHOC Command Approval: <input type="checkbox"/> Fill the request in entirety <input type="checkbox"/> Partially fill request <input type="checkbox"/> Request Denied <input type="checkbox"/> Other	SHOC Command Signature:
SHOC Command Comments:	
Approved Request sent to: <input type="checkbox"/> Logistics <input type="checkbox"/> Planning <input type="checkbox"/> Finance and Admin <input type="checkbox"/> Healthcare Services Branch <input type="checkbox"/> Other	
Task Completed: <i>(signature, date and time)</i>	
<input type="checkbox"/> Copy of form to Operations <input type="checkbox"/> Copy of form to Finance and Admin	