

**Return Completed Form to: SHOC@delaware.gov**

| <b>SHOC Request for Supplies for Mandatory Recurring Testing for LTC Facilities</b>   |           | <b>Requesting Agency Contact Information<br/>Please Use Print Only</b> |  |
|---|-----------|--|--|
| Date:   |           | Time:  |  |
| Name of Facility:   |           |  |  |
| Facility Type:    Nursing Home       Assisted Living       Rest Residential       Intermediate Care       Other   |           |  |  |
| Facility Address:   |           |  |  |
| Point of Contact Name:  |           | Title:   |  |
| Email Address:  |           |  |  |
| Phone #:  | Mobile #: | Fax #:   |  |
| <b>Staff Testing Using Curative Saliva Test</b>   |           |  |  |
| Current staff census (including vendors):   |           |  |  |
| Number of staff and vendors who have tested positive for COVID-19 previously:   |           |  |  |
| Number of staff who need to be tested ( <i>exclude previously tested positive</i> ):  |           |  |  |
| Staff tests per week multiplied by four (4):  |           |  |  |
| <i>Staff are to be tested <b>once per week</b> with <b>Curative</b> saliva testing kits.<br/>The next request should be placed four (4) weeks after this request.</i>   |           |  |  |
| <b>Alternative Testing Method</b>   |           |  |  |
| 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 staff, # of residents, type of test for each, and frequency of testing</i> ). |           |  |  |
| <b>Test Pick Up Method</b>  |           |  |  |
| 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:  |           |  |  |

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