SHOC COVID Testing Resource Request Form **Request Number:**

Return Form to: dhss06sg_shoc_operations@delaware.gov

Date Sent:	Time:	Priority: ☐ Low ☐ Routine ☐ High

REQUESTOR INFORMATION

Person Making Request:		Title:
Requestor's Organization:		
DIRECT Phone #:	Mobile #:	Fax #:
Email Address:		

Type Organization:

State Agency	**Schools**	**Healthcare Provider**	**Congregate Setting**
☐ DPH	☐ K-12	☐ Private Provider	☐ Long Term Care Facility
☐ DEMA	☐ Day Care	☐ Pharmacy	☐ Federally Funded
☐ DDDS	☐ Camps	☐ Hospital	☐ Department of Corrections
☐ _____	☐ IHE	☐ _____	☐ _____
	☐ _____		

FACILITY/PRACTICE INFORMATION

Population Served: ☐ K-12 ☐ Age >65 ☐ Other:

Who are you testing? ☐ Staff ☐ Public ☐ Congregate Care Residents ☐ Other:

Number of tests conducted **PER** week:

Other testing options tried? ☐ YES ☐ NO If NO, explain:

REQUESTED RESOURCES Description of Requested Assistance/Resources Required

☐ Rapid Antigen Test-**SEE BELOW** ☐ BinaxNOW (40/box) ☐ BD Veritor ☐ Abbott ID	☐ PCR Who is processing PCR tests? ☐ Alinity (Curative) ☐ State Lab ☐ NP/OP (Kits) ☐ Curative ☐ NP/OP (Bulk - Assemble) ☐ Other:	**IN OUTBREAK?** ☐ YES ☐ NO

Quantity:	**Ea/Box**	**Detailed Resource Requested (include resource Type/Kind):**

***REQUIRED FOR RAPID ANTIGEN TEST KITS**

Does facility or practice hold a CLIA waiver or certificate? ☐ YES ☐ NO

Practitioner Name:	Practitioner NPI:
Practitioner Phone Number:	Practitioner Email:

Does facility or practice have an analyzer? ☐ YES ☐ NO If yes, model:

DELIVERY/PICKUP/POINT OF CONTACT INFORMATION

Delivery Address:

Delivery Site Point of Contact:	Phone #:

COMMENTS

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HCSB ACTION		
Received By:	Date:	Time:
☐ Filled request in entirety ☐ Partially filled ☐ Request denied ☐ Other:		
Justification:		
Signature:		
SHOC ACTION		
Received By:	Date:	Time:
☐ Attestation Form on file ☐ Conservation Letter on File	Previous Requests:	
Approved Request sent to: ☐ Logistics ☐ Planning ☐ Finance and Admin ☐ Other:		
Task Completed: *(signature, date & time)*		
☐ Copy of form to Operations	☐ Copy of form to Finance and Admin	

Click to Submit Form