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| **Date Submitted to DPH:** | | OPEM 213TS – Resource Request Form – COVID19  *Testing Supplies* | | | | | Page 1 of 1  Version 07-22-20 |
| **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, or a 24/7 number needs to be called, etc). | | | | **7**. 24/7 Contact Name and Phone number for delivery issues | | | |
| **II. REQUEST SPECIFICS - Please Type ALL Answers** | | | | | | | |
| **7**. Order (Please complete all fields) | | | | | | | |
| Qty. | Items Available: | | | | | Date Need, pending availability | |
|  | **Nasopharyngeal Swabs**  [Example: Puritan Purflock Ultra Sterile Flocked Collection Devices, cat#25-3327-U or cat#25-3317-U-GOV] | | | | |  | |
|  | **Anterior Nasal Foam Swabs**  [Example: Puritan Sterile Foam Tipped Applicator, cat# 25-1506 PF] | | | | |  | |
|  | **Viral Transport Media**\*\*  [Example: Microtest M4RT No Beads VTM, cat# R12591, 3 mL tubes] | | | | |  | |
|  | **Saline**  [Example: Becton Dickinson BBL Saline, Normal - Prepared Culture Media, cat# 215439, 3 ml tubes] | | | | |  | |
| **III. QUESTIONS – Please Type ALL Answer (all are required)** | | | | | | | |
| **8.** Do you have refrigeration capacity to store VTM at 4 degrees Celsius if needed?  \_\_\_\_\_\_\_\_ (Type Yes or No) | | | | **9**. Can you safely store the quantity requested at this temperature?  \_\_\_\_\_\_\_\_ (Type Yes or No) | | | |
| **10.** What is your current daily testing capacity?  \_\_\_\_\_\_\_\_ (Type number) | | | | **11**. What can you expand to?  \_\_\_\_\_\_\_\_ (Type number) | | | |
| **12**. Which lab is processing your tests? | | | | | | | |