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| **Date Submitted to DPH:** | OPEM 213TS – Resource Request Form – COVID19*Testing Supplies* | Page 1 of 1Version 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? |