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| **Date Submitted to DPH:** | OPEM 213TS – Resource Request Form – COVID19*Abbott BinaxNOW Test Kits* | Page 1 of 1Version 10-5-20 |
| **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, of if the facility needs to be contacted prior to delivery).  | **7**. 24/7 Contact Name and Phone number for delivery issues |
| **8**. Hours of operations to receive delivery (e.g. M-F 8:00 am – 3:00 pm) | **9.** District/School Code |
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| **II. REQUEST SPECIFICS - Please Type ALL Answers** |
| **10**. Order (Please complete all fields) |
| No. of Kits. Requested | Items Available: | Date Need, pending availability |
|  | **Abbott BinaxNOW COVID-19 Test Kit**[Each kit contains test cards and swabs to conduct 40 tests, therefore, please request the total number of **kits** needed based on this quantity  |  |
|  | **Digital Timer**[Results should be read at 15 minutes, not before, and should not be read after 30 minutes – if you do not have a resource available for timing, please request one here} |  |
| **III. Submittal Process** |
| **11.**. To submit a request\*, please email completed form to:**COVID19.Resource.Request@mass.gov**\*Request forms should only be submitted after a school / district has sent their Readiness Review Checklist attestation form to DESE and has received approval to begin requesting test kits, as is detailed in the Phase 1 Abbott BinaxNOW K-12 Testing Program Memo & Checklist. Forms can be found here: <https://www.doe.mass.edu/covid19/BinaxNOW/>.  |