

BinaxNOW Allocation Request Form

**For Long-Term Care Providers Only
(Must have previously received federal allocation)**

Section 1. Requestor Information:

Name person submitting order: _____

Phone#: _____

Facility Contact Person: _____

Phone #: _____

After hours phone #: _____

Date of the request: ____/____/____

Does the facility have a CLIA waiver:

Yes CLIA ID #: _____

No Stop and contact Denise Broadbent, DOH Office of Licensure & Certification at denise.broadbent@state.sd.us

Name of Facility Receiving Test Kits: _____

Physical Shipping Address of
Facility: _____

*Cannot ship to a P.O. box

County: _____

Section 2. Order Quantity (Tests are only available in quantities of 40. 1 Kit = 40 individual tests)

- Re-order your next allotment - a minimum of 2 weeks but no more than 4 weeks of testing supplies as needed.
- Do not re-order more supplies than previous federal allocation.
- BinaxNOW testing supplies requests will be reviewed by DOH staff.

Total number of kits requested: _____

Email your next order to LTCBINAXNOW@state.sd.us

**** This section completed by DOH R-Center****

DOH approved number _____

Approved By: _____

Ship Date ____/____/____

of kits shipped: _____