



Department of Health

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Commissioner

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Executive Deputy Commissioner

Testing Plan Template

Requests should consist of this completed template AND a 1 to 2-page description of how the machines will be utilized equitably to address gaps in testing. Submit requests to prevention@health.ny.gov. Review of the first round of requests will begin on a rolling basis starting **October 12, 2020**. After the first round of requests and distributions, further requests will be received and considered on a rolling basis until supplies are no longer available.

Date of request: _____ County: _____

Point of contact: _____ Email address: _____

Phone number: _____ LHD Delivery address: _____

SCHOOLS

Is there a Cluster Action Initiative Yellow Zone in your County?: Yes No

Name of Yellow Zone Area: _____

Number of Schools in Yellow Zone: _____

Estimated Number of Students/Teachers/Staff In-Person In Yellow Zone: _____

Machine(s)/Card(s) requested: Abbot BinaxNOW Abbot ID NOW Both

Number of tests to be performed per month: _____

Partners involved in school testing, if more than one partner or school please list each school and the associated health care partner:

Testing Resources for School Testing Should Be Delivered to:

School Healthcare Provider LHD

If school or health care provider, list addresses and amount to be delivered below:

GENERAL PUBLIC

Machine(s)/Card(s) requested: Abbot BinaxNOW Abbot ID NOW Both

Number of tests to be performed per month: _____

Location and details of testing site(s): _____

Key populations served at above site(s): _____

Plan to schedule and promote testing site(s) and events to reach key populations: _____

Partners involved in testing, if any: _____

Are staff and/or partners trained to perform anterior nasal swab specimen collection?: _____

Will testing be open to the public?: _____

Will testing be offered free of charge (including no billing to public or private insurance)?:

Yes No

TOTAL REQUEST

Number Requested: Abbot BinaxNOW _____ Abbot ID NOW _____

Please attach a 1 to 2-page narrative for the equitable use of testing materials!

Senior/executive officer signature of approval: _____