



NORTH CAROLINA K-12 SCHOOL COVID-19 TEST PILOT APPLICATION

The North Carolina Department of Health and Human Services (DHHS) is starting a pilot to distribute COVID-19 tests to K-12 public schools, with the first phase beginning the week of December 14, 2020. This application form may only be submitted by local health departments, but should be completed in collaboration with interested schools.

Phase 1 of the pilot will consist of an initial group of public school districts and charter schools in collaboration with their local health department for diagnostic testing of symptomatic and close contact students, teachers and staff. All schools and districts interested in participating in Phase 1 must complete all seven (7) of the following requirements in order to participate in the pilot and receive a distribution of Abbott BinaxNOW test kits:

- Obtain an approved CLIA certificate of waiver or partner with an entity with a CLIA certificate
- Secure a signed physician order for testing or elect to use the [statewide standing order](#)
- Confirm ability to maintain an adequate supply of PPE
- Confirm ability to properly handle and dispose of medical waste
- Ensure all testing staff have completed training modules
- Obtain parental / guardian consent prior to testing and notify parents/guardians when testing has been performed
- Verify ability to complete DHHS reporting requirements

Please complete the below application form and below attestations and email to StrongSchoolsNC@dhhs.nc.gov. If you submit this form, you do NOT need to also fill out the online application.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Date Submitted to DHHS:	<i>Request Form: Abbott BinaxNOW Test Kits</i>	Page 1 of 1 Version 12-3-20
I. REQUESTING LOCAL HEALTH DEPARTMENT INFORMATION - Please Type ALL Answers		
1. Requestor's Name	2. Title	3. Phone No.
4. Requestor's Organization / Health Department	5. Requestor's E-Mail Address	
II. REQUESTING DISTRICT / SCHOOL INFORMATION - Please Type ALL Answers		
9. Name of District / School	10. District / School Point of Contact Name and Role	
11. How many students are in the District / School?	12. How many staff are in the District/ School?	
13. Please list all testing locations, including building names and addresses		





III. REQUEST SPECIFICS - Please Type ALL Answers

	No. of kits requested
<p style="text-align: center;">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]</p>	
14. Delivery Address (include any special instructions)	
15. 24/7 Contact Name and Phone number for delivery issues	
16. Hours of operations to receive delivery (for example 8:00 am – 3:00 pm M-F). Please also note any upcoming days when the delivery address is unable to receive shipments	

IV. CLIA CERTIFICATION – Please Type ALL Answers

16. CLIA # under which testing will be performed:

V. ATTESTATIONS – Please initial next to each statement

_____ CLIA certificate of waiver: I attest that the School / District listed above has received a CLIA Certificate of Waiver OR has identified an entity with a CLIA Certificate to perform tests

_____ Provider Order: I attest that the School / District listed above has acquired a signed standing order for COVID-19 testing with the Abbott BinaxNOW from a physician or has elected to use the statewide standing order.

_____ PPE: I attest that the School / District listed above has acquired an adequate supply of PPE and will be able to procure additional PPE as is needed. Additionally, I attest that the appropriate staff that will be administering the Abbott BinaxNOW test have been provided with the PPE protocols provided by DHHS and have reviewed the requirements.





_____ Training requirements: I attest that the School / District listed above has ensured that all staff members who will be administering Abbott BinaxNOW test kits have completed all necessary training modules.

_____ Consent and notification forms: I attest that the School / District listed above has identified consent and notification processes for parents/guardians prior to beginning testing with any students.

_____ Reporting requirements: I attest that the School / District listed above has trained all necessary staff on how to appropriately report test results daily to either state or local public health in accordance with NCDHHS reporting guidelines.

_____ Medical waste management: I attest that the School / District listed above has a mechanism to safely dispose of used testing material.

_____ Ongoing Requirements: I attest that the School / District listed above will adhere to the following requirements, that will be ongoing through the pilot:

- Testing personnel will adhere to the written Instructions for Use (IFU) provided by the manufacturer in the test package insert.
- The district/school will ensure DHHS has up-to-date information on test administrators and testing locations.
- The district/school will abide by the infectious waste disposal criteria.
- The district/school will have all individuals being tested, or his/her parent/guardian, sign an authorization for testing
- Test sites must submit all required data elements to DHSS at least every 24 hours.
- Test sites must retain documentation related to this testing program for at least two years.
- The site will review and stay up-to-date on NCDHHS's "[Considerations For COVID-19 Testing of Adults and Children Who Work at or Attend a K-12 School.](#)"

