



ST. CLAIR COUNTY HEALTH DEPARTMENT

19 PUBLIC SQUARE, SUITE 150
BELLEVILLE, ILLINOIS 62220-1624
<https://www.co.st-clair.il.us>



BinaxNOW™ COVID-19 Antigen Testing Point of Care (POC) Antigen Testing Kits Acknowledgement

This document represents acknowledgement of receipt of BinaxNOW™ COVID-19 Antigen Testing kits for the detection of SARSCoV-2 virus from the St. Clair County Health Department.

The receiver acknowledges the following:

1. My organization has trained a licensed healthcare professional, or other employee as designated by the physician's standing order, to administer the tests and interpret results.
2. My organization has obtained a Clinical Laboratory Improvement Amendments (CLIA) waiver or established a relationship with a partner that allows administration of these tests in a CLIA-waived environment. Alternatively, my organization holds a valid CLIA certificate that is aligned with the level of laboratory services provided at my location.
3. My organization has established an account with the State of Illinois via RedCAP/INEDSS to report all positive and negative results and has received confirmation of this registration.
4. My organization agrees to provide appropriate PPE for all personnel administering POC testing. Furthermore, these personnel have been trained to properly use the PPE provided to them.
5. My organization has obtained a provider order or standing order from a healthcare provider.
6. My organization agrees to report all positive and negative results to the Illinois Department of Public Health within 24 hours of administering a test.
7. My organization understands that no fees may be charged for a test kit, and kits may not be sold or distributed to another entity. A reasonable and customary fee may be charged for the administration of the test.

Cindy Thompson, RN, BSN
President

Myla Blandford, MPH, REHS, LEHP
Executive Director

Administrative/Fiscal
618.233.7703
618.222.1630 fax

Infectious Disease Prevention

- **Communicable Disease**
618.233.6175
618.233.9356 fax
- **Southwestern Illinois HIV Care Connect**
618.825.4501
618.825.4585 fax
- **Emergency Preparedness**
618.233.7703
618.233.9356 fax

Personal Health

- **Maternal-Child Health Programs**
618.233.6170
618.236.0821 fax
- **Breast and Cervical Cancer**
618.233.7703
618.233.7713 fax

Environmental Health

- 618.233.7769
- 618.236.0676 fax

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Public Health
Prevent. Promote. Protect.
St. Clair County Health Department
together for your health

Myla Blandford, Executive Director

Agency Representative

DATE

DATE

Updated 8/17/2021



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Point of Care (POC) Antigen Testing Kits Request Form

To request kits, please provide the following information:
**Priority will be given to requests for testing in congregate settings and for providing testing for frontline health care providers (including EMS).*

Date of Request:

Organization Name:

Address:

Contact Name:

Contact Phone:

Cell Number:

Confidential Fax:

Email:

Number of kits requested:

Population to be tested:

- *Only one request per 7 days per facility**
- *Line list by patient & DOB previously tested, must be verified for re-order**
- *Replenishment of test kits is not guaranteed**
- * Number of test kits requested is not guaranteed**

Email or fax this request and acknowledgement to:
Kara Rosenkranz,
Public Health Emergency Response Manager
Email: kara.rosenkranz@co.st-clair.il.us
Fax: 618-233-9356

***Additional details (CLIA/training) may be found at:**
<https://www.dph.illinois.gov/covid19/community-guidance/rapid-point-care-testing-covid-19>

SCCHD STAFF ONLY:

Date request received:

Number of kits disbursed:

Updated 8/17/2021