**Instructions:**

Please click between yellow brackets [] to type/fill.

Facilities with multiple locations please fill out one per location.

Please send back to the staff who emailed or to DHHS.EPI@nebraska.gov

Please answer the following:

**Are you reporting to State of Nebraska?**

[ ]  Yes

[ ]  No

**Are you the facility or the reporting vendor?**

[ ]  Facility (If you have a CLIA number or have established agreement to work under the CLIA Certificate of an existing laboratory.)

[ ]  Reporting vendor (If you don’t have a CLIA number and are just reporting for a facility using their CLIA number)

**What CLIA number will you be using? (Fill a new form for each additional CLIA number; Refer to instructions)**

|  |
| --- |
|  |

**What type of test is your facility performing for Covid-19?**

Molecular:

[ ]  PCR (We’ll consider all molecular test types as PCR)

Antigen:

[ ]  Rapid Antigen

**What file type can you support?**

[ ]  Excel (.csv or .xlsx)

[ ]  HL7 (.hl7)

**How are you planning to send data? (If you chose HL7 in the previous question, please choose sFTP)**

[ ]  Email (DHHS.EPI@nebraska.gov)

[ ]  sFTP (Secure file transfer protocol)

**Please scroll to second page for more questions**

**What is the name of your medical director?**

**Please select from the following specimen sources that applies to your testing:**

[ ]  **Anterior Nares Swab**

[ ]  **Nasopharyngeal**

[ ]  **Oropharyngeal**

[ ]  **Nasal Mid-turbinate**

[ ]  **Saliva**

[ ]  **Swab**

**Facility name, address and phone number:**

|  |  |  |
| --- | --- | --- |
| Facility Name | Facility Address | Facility Phone# |
|  |  |  |

**Please list up to three possible Point of contacts for correspondence:**

|  |  |  |
| --- | --- | --- |
| Contact Name | Contact Email | Contact Phone# |
|  |  |  |
|  |  |  |
|  |  |  |