Tests and Services Received Report Instructions

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Reporting Tests and Services Received through the COVID-19 Tests and Services Received Report

Introduction

This form must be submitted each time a school system receives services or products as part of the K-12 COVID-19 testing program funded through the Texas Department of State Health Services (DSHS). Forms must be submitted within 48 hours of receipt of goods and services. For staffing support received on consecutive days, the form must be submitted within 48 hours of the last day staff are on-site. If staff are on-site Monday – Friday, the form must be submitted by close of business the following Monday.

This submission will be used to reconcile vendor invoices, track how much of your allocation has been used, and for purposes of federal grant reporting. Please make every effort to ensure the accuracy of this submission.

Once this form is submitted, a detailed confirmation email will be sent to the email you provide.

If there are multiple deliveries from multiple vendors or from one vendor on multiple days, please submit this form once for each shipment or service. Any field with a red asterisk (*) is required.

If you do not have any testing products or staffing support to report, you do not need to submit a report.

For technical issues with this form, please contact <u>TCECSupport@dshs.texas.gov</u>.

Section 1: School Identification

Field Name	Instructions
School Type*	Select type of school from drop down menu.
School District ID#* OR Private School ID#*	Type in ID#, District Name, or Private School name and choose your district or private school from those that are appear.
Public School District Authentication Code* OR Private School Authentication Code*	Type in code that is provided by TEA. This form will only save when the authentication code associated with your school system is entered. If you do not have the authentication code for your school system, please contact TEA at <u>COVIDCaseReport@tea.texas.gov</u> .
Reporter Email*	Enter the email address of school personnel entering the report. Confirmation reports will be sent to this email address. Only one email address should be entered in this field.
Reporter Phone*	Enter the phone number of school personnel entering the report.
Reporter Comments	If any auto-populated school information is not accurate, please comment here to enter accurate information for the school or district. If you received only part of your order, please note that here. Also, if orders are going to different locations, it may be helpful to note the school's name or location in the comments field.

What vendor has this school system received test products or services from?*	Select the vendor that provided the test products or services. Only one vendor can be reported on each form. As each vendor offers different products and services, the fields in Sections 2 and 3 will differ based on the vendor selected.
	CDC should only be selected by school systems receiving tests from the 5 million BinaxNOW point of care test project.
	DSHS should only be selected by schools who receive tests as a stopgap measure through DSHS.

Section 2: Testing Products

Testing products should be entered based on receipt dates. Please carefully read the instructions for each vendor to ensure that the correct date is entered. Correct dates are very important to help DSHS reconcile invoices from the vendors.

Please ensure that the test **type** is correct for the tests received.

The test type can be a rapid antigen test or a PCR test.

• Rapid Antigen test brands available through Texas Reopening Schools Safely vendors include:

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- Abbot BinaxNow
- BD Veritor
- CareStart
- GenBody
- The following types of PCR (Polymerase Chain Reaction) tests are available through this program:

Indicaid

• Quidel Sofia

• Quidel QuickVue

- Individual PCR
- Lab Pooled PCR swabs are collected individually, sent to the laboratory as individual swabs, and pooled and tested as one tube at the lab.
- Source Pooled PCR swabs are collected individually and added to one tube at collection site and tested as one at the lab. No re-testing is done.

PCR test brands available through Texas Reopening Schools Safely vendors include:

Cobas and Panther FusionDiaCarta QuantiVirus

- HDPCR ChromaCode
- TaqPath Combo COVID-19

• GeneFinder

Accu Reference Medical Lab Products

If no tests were received, please check the "No Rapid Antigen or PCR tests received to report" box, which is the first field in Section 2 and proceed to Section 3: Expired/Disposed of tests and then to Section 4: Staff Support Received. Some of these fields will appear after you enter in a quantity. Please enter a zero in any quantity field if you did not receive that type of test.

Field Name	Instructions
Quantity of Rapid Antigen – Quidel QuickVue Tests Received*	Enter the number of individual Quidel QuickVue rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen – Quidel QuickVue Tests*	Enter the order number for the package of Quidel QuickVue rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen – Quidel QuickVue Tests Ordered*	Enter the date the Quidel QuickVue rapid antigen order was placed with the vendor by the private school or district.
Date Rapid Antigen – Quidel QuickVue Tests Received*	Enter the date the Quidel QuickVue rapid antigen order was received from the vendor by the private school or district.
Quantity of Individual PCR Kit/Tests Received*	Enter the number of individual PCR kits/tests that were <u>received</u> . If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number - Individual PCR Kits/Tests*	Enter the order number for the package of individual PCR kits/tests that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Individual PCR Kits/Tests Ordered*	Enter the date the individual PCR kits/tests order was placed with the vendor by the private school or district.
Date Individual PCR Kits/Tests Received*	Enter the date the individual PCR kits/tests order was received from the vendor by the private school or district.
Quantity of Source Pooled PCR Kits/Tests Received*	Enter the number of Source Pooled PCR kits <u>received</u> from the vendor, not number ordered. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required. NOTE: For Accu Reference, the quantity for Source Pooled PCR kits is the number of tubes , not the number of swabs.
Vendor Order Number - Source Pooled PCR Kits/Tests*	Enter the order number for the package of PCR kits/tests (tubes) that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Source Pooled PCR Kits Ordered*	Enter the date the source pooled PCR order was placed with the vendor by the private school or district.

Date Source Pooled PCR Kits Received*	Enter the date the source pooled PCR order was received from the vendor by the private school or
	district.

Proceed to Section 3: Expired/Disposed of Tests.

Achieve Health Management (AHM) Products

If no tests were received, please check the "No Rapid Antigen or PCR tests received to report" box, which is the first field in Section 2 and proceed to Section 3: Expired/Disposed of tests and then to Section 4: Staff Support Received. Some of these fields will appear after you enter in a quantity. Please enter a zero in any quantity field if you did not receive that type of test.

Field Name	Instructions
Quantity of Rapid Antigen - Abbott BinaxNOW Tests Received*	Enter the number of individual Abbott BinaxNOW rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen - Abbott BinaxNOW Tests*	Enter the order number for the package of Abbott BinaxNOW rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen - Abbott BinaxNOW Tests Ordered*	Enter the date the Abbott BinaxNOW rapid antigen test order was placed with the vendor by the private school or district.
Date Rapid Antigen - Abbott BinaxNOW Tests Received*	Enter the date the Abbott BinaxNOW rapid antigen test order was received from the vendor by the private school or district.
Quantity of Rapid Antigen – GenBody Tests Received*	Enter the number of individual rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen – GenBody Tests*	Enter the order number for the package of GenBody rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen – GenBody Tests Ordered*	Enter the date the GenBody rapid antigen test order was placed with the vendor by the private school or district.
Date Rapid Antigen – GenBody Tests Received*	Enter the date the GenBody rapid antigen test order was received from the vendor by the private school or district.
Quantity of Individual PCR Kits/Tests Received*	Enter the number of individual PCR kits that were received, not the number ordered. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.

Vendor Order Number - Individual PCR Kits/Tests*	Enter the order number for the package of individual PCR kits/tests that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Individual PCR Kits/Tests Ordered*	Enter the date the individual PCR kits/tests order was placed with the vendor by the private school or district.
Date Individual PCR Kits/Tests Received*	Enter the date that the individual PCR kits/tests were received.

Proceed to Section 3: Expired/Disposed of Tests.

Bloom Health Partners (BHP) Products

If no tests were received, please check the "No Rapid Antigen or PCR tests received to report" box, which is the first field in Section 2 and proceed to Section 3: Expired/Disposed of tests and then to Section 4: Staff Support Received. Some of these fields will appear after you enter in a quantity. Please enter a zero in any quantity field if you did not receive that type of test.

Field Name	Instructions
Quantity Rapid Antigen - Quidel QuickVue Tests Received*	Enter the number of individual Quidel QuickVue, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen - Quidel QuickVue Tests*	Enter the order number for the package of Quidel QuickVue rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen - Quidel QuickVue Tests Ordered*	Enter the date the Quidel QuickVue rapid antigen test order was placed with the vendor by the private school or district.
Date Rapid Antigen - Quidel QuickVue Tests Received*	Enter the date the Quidel QuickVue rapid antigen test order was received from the vendor by the private school or district.
Quantity Rapid Antigen - Abbott BinaxNOW Tests Received*	Enter the number of individual Abbott BinaxNOW rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen - Abbott BinaxNOW Tests *	Enter the order number for the package of Abbott BinaxNOW rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen - Abbott BinaxNOW Tests Ordered*	Enter the date the Abbott BinaxNOW rapid antigen test order was placed with the vendor by the private school or district.
Date Rapid Antigen - Abbott BinaxNOW Tests Received*	Enter the date the Abbott BinaxNOW rapid antigen test order was received from the vendor by the private school or district.
Quantity Rapid Antigen – Indicaid Tests Received*	Enter the number of individual Indicaid rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen - Indicaid Tests *	Enter the order number for the package of Indicaid rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen - Indicaid Tests Ordered*	Enter the date the Indicaid rapid antigen test order was placed with the vendor by the private school or district.
Date Rapid Antigen - Indicaid Tests Received*	Enter the date the Indicaid rapid antigen test order was received from the vendor by the private school or district.

Quantity of Individual PCR Kits/Tests Received*	Enter the number of individual PCR kits that were received, not the number ordered. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number - Individual PCR Kits/Tests*	Enter the order number for the package of individual PCR kits/tests that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Individual PCR Kits/Tests Ordered*	Enter the date the individual PCR kits/tests order was placed with the vendor by the private school or district.
Date Individual PCR Kits/Tests Received*	Enter the date that the individual PCR kits/tests were received.
Quantity of Lab Pooled PCR Kits/Tests Received*	Enter the number of lab pooled PCR swabs <u>received</u> <u>from the vendor</u> , not number ordered. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required. NOTE: For Bloom Health Partners, the quantity for Lab Pooled PCR kits is the number of individual swabs received.
Vendor Order Number - Lab Pooled PCR Kits/Tests*	Enter the order number for the shipment of lab pooled PCR specimen collection test kits (swabs) that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Lab Pooled PCR Kits/Tests Ordered*	Enter the date the lab pooled PCR kits (swabs) order was placed with the vendor by the private school or district.
Date Lab Pooled PCR Kits/Tests Received*	Enter the date the lab pooled PCR kits (swabs) order was received by the private school or district.

Proceed to Section 3: Expired/Disposed of Tests

Goodside Health (GSH) Products

If no tests were received, please check the "No Rapid Antigen or PCR tests received to report" box, which is the first field in Section 2 and proceed to Section 3: Expired/Disposed of tests and then to Section 4: Staff Support Received. Some of these fields will appear after you enter in a quantity. Please enter a zero in any quantity field if you did not receive that type of test.

Field Name	Instructions
Quantity Rapid Antigen - Quidel QuickVue Tests Received*	Enter the number of individual Quidel QuickVue rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen - Quidel QuickVue Tests*	Enter the order number for the package of Quidel QuickVue rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen Quidel QuickVue Tests Ordered*	Enter the date the Quidel QuickVue rapid antigen test order was placed with the vendor by the private school or district.
Date Rapid Antigen Quidel QuickVue Tests Received*	Enter the date the Quidel QuickVue rapid antigen test order was received from the vendor by the private school or district.
Quantity Rapid Antigen - Abbott BinaxNOW Tests Received*	Enter the number of individual Abbott BinaxNOW rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen - Abbott BinaxNOW Tests*	Enter the order number for the package of Abbott BinaxNOW rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen - Abbott BinaxNOW Tests Ordered*	Enter the date the Abbott BinaxNOW rapid antigen test order was placed with the vendor by the private school or district.
Date Rapid Antigen - Abbott BinaxNOW Tests Received*	Enter the date the Abbott BinaxNOW rapid antigen test order was received from the vendor by the private school or district.
Quantity Rapid Antigen – Quidel Sofia Tests Received*	Enter the number of individual Quidel Sofia rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen - Quidel Sofia Tests*	Enter the order number for the package of Quidel Sofia rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen - Quidel Sofia Tests Ordered*	Enter the date the Quidel Sofia rapid antigen test order was placed with the vendor by the private school or district.
Date Rapid Antigen - Quidel Sofia Tests Received*	Enter the date the Quidel Sofia rapid antigen test order was received from the vendor by the private school or district.

Quantity Rapid Antigen – GenBody Tests Received*	Enter the number of individual GenBody rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen - GenBody Tests*	Enter the order number for the package of GenBody rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen - GenBody Tests Ordered*	Enter the date the GenBody rapid antigen test order was placed with the vendor by the private school or district.
Date Rapid Antigen - GenBody Tests Received*	Enter the date the GenBody rapid antigen test order was received from the vendor by the private school or district.
Quantity of Rapid Antigen Analyzers Received*	Enter the number of rapid antigen analyzers received. If you do not have any analyzers to report, enter zero.
Vendor Order Number - Rapid Antigen Analyzers *	Enter the order number for the rapid antigen analyzers that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen Analyzers Ordered*	Enter the date the order was placed with the vendor by the private school or district.
Date Rapid Antigen Analyzers Received*	Enter the date the order was received from the vendor by the private school or district.
Quantity of Individual PCR Kits/Tests Received*	Enter the number of individual PCR kits that were received, not the number ordered. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number - Individual PCR Kits/Tests*	Enter the order number for the package of PCR kits/tests that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Individual PCR Kits/Tests Ordered*	Enter the date the PCR kits/tests order was placed with the vendor by the private school or district.
Date Individual PCR Kits/Tests Received*	Enter the date that the PCR kits/tests were received.

Proceed to Section 3: Staff Support Received.

Quest Diagnostics Products

If no tests were received, please check the "No Rapid Antigen or PCR tests received to report" box, which is the first field in Section 2 and proceed to Section 3: Expired/Disposed of tests and then to Section 4: Staff Support Received. Some of these fields will appear after you enter in a quantity. Please enter a zero in any quantity field if you did not receive that type of test.

Field Name	Instructions
Quantity of Rapid Antigen – Abbott BinaxNOW Tests Received*	Enter the number of individual Abbott BinaxNOW rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen – Abbott BinaxNOW Tests*	Enter the order number for the package of Abbott BinaxNOW rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen – Abbott BinaxNOW Tests Ordered*	Enter the date the Abbott BinaxNOW rapid antigen order was placed with the vendor by the private school or district.
Date Rapid Antigen – Abbott BinaxNOW Tests Received*	Enter the date the Abbott BinaxNOW rapid antigen order was received from the vendor by the private school or district.
Quantity of Rapid Antigen – GenBody Tests Received*	Enter the number of individual GenBody rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen – GenBody Tests*	Enter the order number for the package of GenBody rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen – GenBody Tests Ordered*	Enter the date the GenBody rapid antigen order was placed with the vendor by the private school or district.
Date Rapid Antigen – GenBody Tests Received*	Enter the date the GenBody rapid antigen order was received from the vendor by the private school or district.
Quantity of Rapid Antigen – CareStart Tests Received*	Enter the number of individual CareStart rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen – CareStart Tests*	Enter the order number for the package of CareStart rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen – CareStart Tests Ordered*	Enter the date the CareStart rapid antigen order was placed with the vendor by the private school or district.

Date Rapid Antigen – CareStart Tests Received*	Enter the date the CareStart rapid antigen order was received from the vendor by the private school or district.
Quantity of Individual PCR Kits/Tests Received *	Enter the number of individual PCR kits/tests that were received. If you do not have any tests to report enter zero. The order number and date fields will no longer be required.
Vendor Order Number - Individual PCR Kits/Tests*	Enter the order number for the package of individual PCR kits/tests that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Individual PCR Kits/Tests Ordered*	Enter the date the individual PCR kits/tests order was placed with the vendor by the private school or district.
Date Individual PCR Kits/Tests Received*	Enter the date the individual PCR kits/tests order was received from the vendor by the private school or district.
Quantity of Source Pooled PCR Kits/Tests *	Enter the number of individual PCR kits <u>received</u> <u>from the vendor</u> , not number ordered. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required. NOTE: For Quest Diagnostics, the quantity for Source Pooled PCR kits is the number of tubes , not the number of swabs.
Vendor Order Number - Source Pooled PCR Kits/Tests*	Enter the order number for the package of PCR kits/tests (tubes) that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Source Pooled PCR Kits/Tests Ordered*	Enter the date the source pooled PCR order was placed with the vendor by the private school or district.
Date Source Pooled PCR Kits/Test Received*	Enter the date the source pooled PCR order was received from the vendor by the private school or district.

Proceed to Section 3: Staff Support Received.

Texas Department of State Health Services (DSHS) Products

Some of these fields will appear after you enter in a quantity.

Field Name	Instructions
Quantity of Rapid Antigen Tests Received*	Enter the number of individual rapid antigen tests received, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Date Rapid Antigen Tests Ordered*	Enter the date the rapid antigen order was placed with the DSHS by the private school or district.
Date Rapid Antigen Tests Received*	Enter the date the rapid antigen order was received from the DSHS by the private school or district.

Proceed to Section 3: Expired/Disposed of Tests.

Click "Save & Close", or if you need to report more tests or services received, please click "Save & New."

Thermo Fisher Scientific (TFS) Products

If no tests were received, please check the "No Rapid Antigen or PCR tests received to report" box, which is the first field in Section 2 and proceed to Section 3: Expired/Disposed of tests Some of these fields will appear after you enter in a quantity. Please enter a zero in any quantity field if you did not receive that type of test.

Field Name	Instructions
Quantity of Rapid Antigen – Quidel QuickVue Tests Received*	Enter the number of individual Quidel QuickVue rapid antigen tests received of any brand, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen – Quidel QuickVue Tests*	Enter the order number for the package of Quidel QuickVue rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen – Quidel QuickVue Tests Ordered*	Enter the date the Quidel QuickVue order was placed with the vendor by the private school or district.
Date Rapid Antigen – Quidel QuickVue Tests Received*	Enter the date the Quidel QuickVue order was received from the vendor by the private school or district.
Quantity of Rapid Antigen – BD Veritor Tests Received*	Enter the number of individual BD Veritor rapid antigen tests received of any brand, not number ordered, and not boxes of tests. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number – Rapid Antigen BD Veritor Tests*	Enter the order number for the package of BD Veritor rapid antigen test kits that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen BD Veritor Tests Ordered*	Enter the date the BD Veritor order was placed with the vendor by the private school or district.
Date Rapid Antigen BD Veritor Tests Received*	Enter the date the BD Veritor order was received from the vendor by the private school or district.
Quantity of Rapid Antigen Analyzers Received*	Enter the number of rapid antigen analyzers received. If you do not have any analyzers to report, enter zero.
Vendor Order Number - Rapid Antigen Analyzers *	Enter the order number for the rapid antigen analyzers that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Rapid Antigen Analyzers Ordered*	Enter the date the order was placed with the vendor by the private school or district.
Date Rapid Antigen Analyzers Received*	Enter the date the order was received from the vendor by the private school or district.

How many rapid antigen tests received from another source were administered by this vendor?	Enter the quantity of rapid antigen tests received from another vendor that were administered by Thermo Fisher staff. For example, if you have TDEM tests that Thermo Fisher staff administered, enter the number of specimens that were collected. This number will be used to calculate the reporting fee. Enter zero if this field is not applicable.
Quantity of Individual PCR Kits/Tests Received*	Enter the number of individual PCR kits <u>received</u> <u>from the vendor</u> , not number ordered. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required.
Vendor Order Number - Individual PCR Kits/Tests*	Enter the order number for the shipment of individual PCR specimen collection kits/tests that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Individual PCR Kits/Tests Ordered*	Enter the date the individual PCR order was placed with the vendor by the private school or district.
Date Individual PCR Kits/Tests Received*	Enter the date the individual PCR order was received from the vendor by the private school or district.
Quantity of Source Pooled PCR Kits/Tests Received*	Enter the number of source pooled PCR swabs received from the vendor, not number ordered. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required. NOTE: For Thermo Fisher, the quantity for Source Pooled PCR kits is the number of individual swabs received.
Vendor Order Number - Source Pooled PCR Kits/Tests*	Enter the order number for the shipment of source pooled PCR specimen collection test kits (swabs) that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.
Date Source Pooled PCR Kits/Tests Ordered*	Enter the date the source pooled PCR kits (swabs) order was placed with the vendor by the private school or district.
Date Source Pooled PCR Kits/Tests Received*	Enter the date the source pooled PCR kits (swabs) order was received by the private school or district.
Quantity of Lab Pooled PCR Kits/Tests Received*	Enter the number of lab pooled PCR swabs received from the vendor, not number ordered. If you do not have any tests to report, enter zero. The order number and date fields will no longer be required. NOTE: For Thermo Fisher, the quantity for Lab
	received.
Vendor Order Number - Lab Pooled PCR Kits/Tests*	Enter the order number for the shipment of source pooled PCR specimen collection test kits (swabs) that you received. Each order number must be entered as a separate report. Please see section 5 below for information on how to locate order number for each vendor.

Date Lab Pooled PCR Kits/Tests Ordered*	Enter the date the lab pooled PCR kits (swabs) order was placed with the vendor by the private school or district.
Date Lab Pooled PCR Kits/Tests Received*	Enter the date the lab pooled PCR kits (swabs) order was received by the private school or district.

Proceed to Section 3: Expired/Disposed of Tests.

Click "Save & Close", or if you need to report more tests or services received, please click "Save & New."

Section 3: Expired/Disposed of Tests

If no expired tests were disposed of, please check the "No Rapid Antigen or PCR tests expired to report" box, which is the first field in Section 3 and proceed to Section 4 Staff Support Received.

Field Name	Instructions
Quantity of Rapid Antigen Tests Expired*	Enter the number of rapid antigen tests received
	through this program that expired and have been
	disposed of by the school system.
Quantity of PCR Tests Expired*	Enter the number of PCR tests received through this
	program that expired and have been disposed of by
	the school system.

Section 4: Vendor Staff Support Received

Use this section to report vendor staff who came on-site to assist with administering tests. If more rows are needed than are provided, they will show up as you add more staff.

If no vendor staff support was received please, check the "No vendor staff support to report" box, which is the last field in this section. Click "Save & Close", or if you need to report more tests or services received, please click "Save & New."

Efficiency Tips:

- Start typing in the fields to activate any drop-down lists or double-click to reveal the dropdown lists.
- Right-clicking on a cell allows you to: cut, copy, paste, fill down, insert rows, delete, undelete and undo fill down.
- Highlight multiple rows, right click on the rows and you will be able to fill down when you have multiple rows for the same district, school, date, or staff person.

When you enter in information a record ID# will be automatically generated. These record ID#'s will be sent in the confirmation email that you will receive after clicking Save. If you would like to make a correction, you will need to email this record ID to <u>TCECSupport@dshs.texas.gov</u> so that the correct record can be identified.

Field Name	Instructions
Public School District ID#	Double click on the cell to get a drop-down box with a list of districts or start typing your district number. District ID should be the same as in the drop-down box above. Reports submitted without district information will returned for corrections.
Public School ID#	Double click on the cell to get a drop-down box with a list of School IDs#, which should be in the same district as above. Select one school per row. Reports submitted without school information will returned for corrections.
Public School Name	Double click on the cell to get a drop-down box with a list of School name, which should be in the same district as above. Select one school per row, ensuring to match the right school's name to the school number. Reports submitted without school information will returned for corrections.
Vendor Staff Member Name*	Enter the first and last name of vendor staff. One staff person should be submitted per row.
Date Staff Member On-Site*	Enter the date that the vendor staff was on-site. If the staff person was on-site for multiple days, each day must be submitted in a separate row.

Public Schools

Number of Hours Staff Member On-Site*	Enter the number hours they were on-site working. Time should be entered in 15-minute increments. For example, for a staff member who was on-site for 4 hours and 15 minutes, enter "4.25" for hours.	
	Minutes worked (round up to nearest 15 minutes)	Report as
	15 minutes	0.25 hours
	30 minutes	0.50 hours
	45 minutes	0.75 hours
Record ID #	This is an auto-generated number that can be referenced if you need to make corrections to the report after it has been submitted.	

Private Schools

Field Name	Instructions		
Staff Member Name*	Enter the first and last name of vendor staff. One staff person should be submitted per row.		
Date Staff Member On-Site*	Enter the date that the vendor staff was on-site. If the staff person was on-site for multiple days, each day must be submitted in a separate row.		
Number of Hours Staff Were On-Site*	Enter the number hours they were on-site. Time should be entered in 15-minute increments. For example, for a staff member who was on-site for 4 hours and 15 minutes, enter "4.25" for hours.		
	Minutes worked (round up to nearest 15 minutes)	Report as	
	15 minutes	0.25 hours	
	30 minutes	0.50 hours	
	45 minutes	0.75 hours	
Record ID #	This is an auto-generated referenced if you need to r report after it has been su	number that can be make corrections to the bmitted.	

Click "Save & Close", or if you need to report more tests or services received, please click "Save & New."

Section 5: Locating Order Number

Accu Reference Medical Labs

Accu Reference provides an order shipping confirmation email and a packing slip that comes with the shipment of antigen test kits. Order numbers are present on both as shown below.

Order Shipping Confirmation Email – Sample Pending

Packing S	lip					
PA	CKIN	JG	SLIP		Date. Date	
Accu Refe Medical La 1901 E Lin Ave Suite Linden, N Phone: 90 1004	rence ab 1den 12 J 07036 J8-474-	Ship TO:	School District School Name School ID Street Address City, ST ZIP C Phone	ode		
Order Date			Order Number	ノ	Job	
Lot #	Description					Quantity
ACCUI REFERENCE M	edic Your COV	/ID 19 Testing	9 Partner	Please email Te questions or su Thank you for y	exassales@accuref pport your business!	erence.com for a

Achieve Health Management (AHM)

AHM provides an order shipping confirmation email and a packing slip that comes with the shipment of antigen test kits. Order numbers are present on both as shown below.

AHM Order Shipping Confirmation Email



AHM Packing Slip

Packing Slip			
Order No :	3169		
Date Of Order	: 10/19/2021 04:56		
Ship To Company :	School		
Attention :	Anthony		
Street Address 1 :	120 H Avenue		
Street Address 2 :			
City :	Camden	Province/State : New Jersey	Zip/Postal 08103 Code :
Requested Carrier :	FedEx Two Day Air		
Notes :			
Shipment Deta	ils		
Product No :	GenBody Rapid AG	Qty Ordered : 500	Qty Shipped :
Carrier Used :			
Packed By :		Date/Time Packed :	QC By :
Shipped By : A	chieve Health Managment		
Order fullfilled	by Liberty Distribution	www.LD3PL.com	

Bloom Health Partners

BHP provides confirmation emails at the time of order, shipment, and delivery. Order numbers are present on all emails as shown below.

From: Leah Shaffer leah@bloomhealthpartners.com Subject: Order Confirmation Email Date: December 26, 2021 at 10:55 PM To: Andrew McCann mccann@bloomhealthpartners.com

THANK YOU FOR YOUR ORDER!
Order Confirmation Number 12262021123
Hello John Smith,
Your order has been confirmed!
 1,000 Abbott BinaxNOW Antigen tests 200 ThermoFisher TaqPath COVID-19 PCR Tests One sample collection visit of Wednesday May 15, 2022
will be delivered to:
John Smith
District TEX-210-20349 860 Hebron
Pkwy. STE 501 Lewisville, TX 75057
We will let you know when your order is on its way!
For assistance please contact
TXK12@bloomhealthpartners.comor877.727.4319 EXT 4



Goodside Health

Goodside Health provides an order confirmation email and a shipping confirmation email. The order number is located on all documents as shown below.

Goodside Order Confirmation Email

ORDER CONFIRMATION

Goodside Health	
Form Name: DSHS Covid Testing - District M	Ionthly Order Form December
SubmissionTime: 29, 2021 6:54 pm Order Number: DU00001	
Name of Person Completing Form	Lindsey Barnes
Email Address	lbarnes@urgentcarekids.com
Phone Number	(281) 392-3033
School District Represented	Dr. Duck University
Total Number of Tests Requested for This Month	150
Shipping Address (if additional space is needed please use "Additional Info" box below)	123 Main Street
Your School District is Interested in:	Purchasing Tests and Staffing for Covid Test Site(s)
If you are requesting staffing, how many staff members are needed?	2-3
Which Days of the Week Do You Need Staffing?	Monday/Wednesday
Anticipated total hours worked daily	4
ADDITIONAL INFO - Please share any other details that will help us to understand your needs and meet them accordingly.	

Goodside Shipping Confirmation Email





Form Name:DSHSCovid Testing-District Monthly Order FormSubmission Time:December 29, 2021 6:54 pm

Name of Person Completing Form	Lindsey Barnes
Email Address	lbarnes@urgentcarekids.com
Phone Number	(281) 392-3033
School District Represented	Dr. Duck University
Total Number of Tests Requested for This Month	150
	123 Main Street Houston, TX 77380
Your School District is Interested in:	Purchasing Tests and Staffing for Covid Test Site(s)
If you are requesting staffing, how many staff members are needed?	2-3
Which Days of the Week Do You Need Staffing?	Monday/Wednesday
Anticipated total hours worked daily	4
ADDITIONAL INFO - Please share any other details that will help us to understand your needs and meet them accordingly.	Placeholder

Quest Diagnostics

Quest Diagnostics provides an order confirmation document that is emailed to each assigned Testing Coordinator at the school systems when items are shipped. This document is also included in the shipment box of supplies. The order number can be found in the upper right corner as shown below.

Leity	unch You Fecus en Scient	Works		ESTIMATE 2620
LAUNC	HWO	RKS CDMO		10/14/2021 1.42.30 11
123 Brim Beverly, I	bal Ave MA 019	115		
BILL TO			Fullfillment Date:	10/15/2021
US SHIP TO US	Туре	Number / Description		Qty Ordered
Item #				
Item #	Sale	Lot -166158 Exp. 23DEC2021 - L	FA-BN-PRO-40x Binex Kit	ts 9 ea

Quest Diagnostics Order Confirmation Document/Packing Slip

Thermo Fisher Scientific (TFS)

Thermo Fisher Scientific provides an order confirmation email, a shipment confirmation email, an invoice, and a packing slip. The order number is located on all documents as shown below.

Subject: PO# UOQE34317 - Order Confirmation - Fi	her Scientific - A12878304				
×	Right-click or tap and hold here to	Order Confirmation			
Thanks for your order, Value Customer!					
We've received your order and we'll be shipping it to you soon. You'll get another email once your products are on the way. If you have additional questions contact us.					
Ora	ter Number: A12878304 Her Date: 10/14/2021	P.O. Number: UOQE34317 Account Number: 127834-002			
	Ciew Details				
Item Checi	s in your order below to see the status of your items				
	Order information				
	Order Number: A12878304 Order Date: 10/14/2021 P.O. Number: UOQE34317 Account Number: 127834-002 Release Number: Order Placed By: Value Customer Phone: 309-578-0780 Email: Uspg2.ds.pgh@thermo.com To ld: XXXXXXX	Order Fulfilled By: Fisher Scientific Warehouse, IL Fisher Scientific Company 4500 Turnberry Drive Hanover Park, IL 60133 Warehouse items normally ship within one business day			
Billing and shipping information					
	Bill To: CATERPILLAR INC Accts Payable Ah9401 100 NE Adams ST Peoria IL 61629	Ship To: CATERPILLAR INC 41-06 Tech Center Bldg E 14009 Old Galena Road C/o Bldg K Receiving Dock Mossville IL 61552			
	Bill To Attention: NEAH MILLER	Ship To Attention: RECEIVING			
	Payment Type: On Account	Delivery Terms: Normal Delivery			

FW: Your order	has been shipped	PO: 3115246	Order: T1224	47944
BP Burns, Patric To O Slomian	ia M. <patricia.burns@ y, Vicki</patricia.burns@ 	thermofisher.com	>	
 Follow up. Click here to download 	l pictures. To help protect yo	ur privacy, Outlook prev	ented automatic dow	nload of some pictures in th
Your order	has shippe	d, Clemen	t Cherian	1
If there are additiona items have shipped.	I products in your order,	, we'll send you ano	ther confirmation e	email once those
Order Number: Order Date:	T12247944 08/11/2021	P.O. Number: Account Numb	31 er: 53	15246 31980-003
View details				
The following item	(s) are shipped			
Shipment number: 001			Unit of measure	Otv
Sarto	rius Optifit 100 to 5000u	Tips Bulk in a	Pack of 100	10 of 10
Lic Catalog Shipme	g number: 14559497 ent date: 10/19/2021	L Hp3, Duix II a	Tack of 100	
Total Items: Carrier	r(s):			Tracking Number(s):
10			Tracking informatior	n is currently unavailable
Order Information				
Order Number Order Date: 08/1	12247944 \2021	Order Ful	llfilled By:	
Purchase Order	Number: 3115246 r: 531980-003	Fisher Scie 4500 Turn	t number: 001 entific Company perry Drive	
Order Placed By Phone: 77325638	: Clement Cherian 14	Hanover P	ark, IL. 60133	
Shipping Informati	on			
Ship to: Metropolitan Water Reclamation OF Ch 6001 W Pershing R R & D Lab Cicero IL 60804	iicago D	Ship to A Susanne S	ttention: augrue	
View current status	s of your order or ma	nage notificatio	n preferences o	on fishersci.com.

Packing Slip

Note: Order Number has a letter followed by eight numbers. Do not include numbers after a dash in the order number, or numbers past the letter + first eight numbers.



<u>Change Log</u>

Substantive changes to content are outlined below.

Section	Description of Change	Date
Introduction	Page 1: Added language to clarify reporting deadlines for staffing support when vendor staff are on-site for consecutive days.	12/17/21
2: Testing Products	Page 2: Updated the list of rapid antigen brands and added different types of PCR tests.	12/17/21
	 Page 2 – Achieve Health Management Removed brand names from rapid antigen tests Added a field for order number for rapid antigen tests Changed definition of "received" for PCR tests from "processed at the lab" to "received." Added a field for order number for PCR tests Updated instructions to match fields currently listed on the Tests and Services Received form. 	12/17/21
	 Page 3 – Quest Diagnostics Removed Brand Names from rapid antigen tests Added a field for order number for rapid antigen tests Added a field for order number for PCR tests Added a definition for quantity of Source Pooled PCR tests Updated instructions to match fields currently listed on the Tests and Services Received form. 	12/17/21
	Page 5 – Removed instructions for SDI Labs	12/17/21
	 Page 5 – Thermo Fisher Scientific Removed Brand Names from rapid antigen tests Added a field for order number for rapid antigen tests Added a field for order number for PCR tests Updated instructions to match fields currently listed on the Tests and Services Received form. 	12/17/21
3: Staff Support Received	 Page 7 – Added instructions for how to report staff who are on-site for multiple consecutive days. Added an email address contact to request assistance with report issues. Page 8 – Added instructions for selecting the type of testing support provided by vendor staff. 	12/17/21
5: Locating Order Number	Page 10: Added a new section with examples of vendor supporting documentation indicating where Order Numbers may be found for each vendor.	12/17/21
1: School Identification	Page 3: Added suggestions to document partial orders and different campus locations/names in the reporter comments field.	1/6/22
2: Testing Products	Page 4: Added brand names of rapid antigen tests offered by new vendors. Added brand names of PCR tests.	1/6/22

	Page 5: Added instructions for Accu Reference Medical Lab	1/6/22
	Page 6: Achieve Health Management - Changed instructions for	1/6/22
	quantity of PCR tests to be the number received, not the number	
	of tests run. Also added a note to proceed to Section 3: Staff	
	Support Received after Testing Products are entered.	
	Page 7: Added instructions for Bloom Health Partners	1/6/22
	Page 9: Added instructions for Goodside Health	1/6/22
	Page 11: Quest Diagnostics - Changed instructions for quantity of	1/6/22
	PCR tests to be the number received, not the number of tests run.	_, _,
	Removed date fields for when PCR tests were processed at a lab	
	Page 12: Added instructions for Texas Department of State Health	1/6/22
	Services.	1,0,22
	Page 13: Thermo Fisher Scientific - Changed instructions for	1/6/22
	quantity of PCR tests to be the number received, not the number	
	of tests run.	
5: Locating	Page 17: Added examples of vendor supporting documentation	1/6/22
Order	indicating where Order Numbers may be found for Accu Reference	
Number	Medical Labs.	
	Page 21: Added examples of vendor supporting documentation	1/6/22
	indicating where Order Numbers may be found for Bloom Health	
	Partners.	
	Page 22: Added examples of vendor supporting documentation	1/6/22
	indicating where Order Numbers may be found for Goodside	
	Health.	
2: Testing	Wording for order number field labels was changed to be clearer.	1/17/22
Products		
1: School	Page 3: Added language about when CDC and DSHS should be	2/1/22
Identification	selected as vendors.	
2: Testing	Page 10: Added fields for GenBody tests for Goodside Health.	2/1/22
Products	5	
3: Vendor	Pages 16-17: Added language to make it clearer that only vendor	2/1/22
Staff	staff are to be reported in this section.	, ,
Support		
Received		
5: Locating	Page 23: Added an example of vendor supporting documentation	2/1/22
Order	indicating where Order Numbers may be found for orders received	_, _,
Number	from the CDC.	
3: Expired/	Page 16: Added a new section to report test kits that expired and	2/25/22
Disposed of	were disposed of by the school system. Renumbered subsequent	_,,
Tests	sections.	
5: Locating	Removed the invoice example of where to find the order number	2/25/22
Order	for Thermo Fisher.	_, _ 0, _ 2
Number		
2: Testing	Rapid Antigen Product fields were undated to be brand specific for	8/3/22
Products	Accu Reference, Achieve Health Management Removed the CDC as	0, 5, 22
ou u c co	a vendor	

2: Testing Products	Page 14: Removed the reference to Section 4 Vendor Staffing Support Received under Thermo Fisher Scientific since they no longer offer staffing support.	8/3/22
4: Staffing Support Provided	Page 19: Removed the Testing Support Provided fields from both the public and private school tables. This field is no longer necessary since the cost of staffing support is now the same for all vendors regardless of whether they are providing rapid antigen or PCR support.	8/3/22
5: Locating Order Number	Removed CDC information.	8/3/22