

**Lake County Health Department/Community Health Center
BinaxNOW Request Form**



Type of Facility (e.g., Long Term Care, PD/FD, Home Health, Hospital, School, Daycare, etc.)	
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Contact Information:

Facility Name	
Facility Address:	
Name of Requestor:	
Direct Phone Number:	

Quantity of BinaxNOW Tests Requested: _____

Does the program meet all the requirements needed to provide BinaxNOW testing as outlined in our Protocol for Dissemination of BinaxNOW Tests During COVID-19?	Yes	No
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Completed order forms should be submitted to Paul Thomas at Lake County Health Department via email at pthomas@lakecountyyil.gov and (cc Noor AlHayani, nalhayani@lakecountyyil.gov).

-----TO BE COMPLETED BY LAKE COUNTY HEALTH DEPARTMENT/COMMUNITY HEALTH CENTER-----

Signature of LCHD Liaison (if applicable): _____

Number of BinaxNOW Tests Picked Up: _____
Date of Pick Up: _____
Signature of Staff Picking Up: _____