Saskatchewan Health Authority

INTAKE APPLICATION

COVID-19: Community Antigen Testing Program (Test to Protect Program)

If you require information prior to completing this form, please visit the Test to Protect Ministry of Health Website. The website provides a step by step guide of the process and links to information, FAQs, and a communication tool kit for your agency.

1. Organization Name:
2. Please provide a brief description of your organization's primary service:
3. Is your organization located in a First Nations Community?   Yes
4. If you are a school, do you have a directive from your local Medical Health Officer?   Yes (please attach)
5. Is this request in response to Outbreak Management?   Yes **If yes; Do you have a Medical Health Officer directive?**   Yes (please attach)   No

6. Please identify which sector your organization falls in:

School *(K-12 includes private, school division and historic)*	Daycare	EMS
	Overnight Camps	Pharmacy
Police Service	Group Home	Dental Office
Fire Service	Shelter	Physician Office/Clinic
Personal Care Home	Detox Centre	Corrections
		Business/Agency

7. Please identify the testing population(s) you are applying for (choose all that apply):

Organization testing employees (all sectors listed in # 6.)

Organization testing clients: (*group homes, personal care homes, corrections, shelters, schools (K-12) detox centers, pharmacies, dentist, first responders, physician office*)

Household testing: *(pharmacies, dentist, physician offices)*

8. Rapid Antigen testing is a screening program approved for two to three tests per week (with a minimum of once per week). Based on your response above, what is the total number of tests you anticipate completing each week?

9. Testing Option: Self-Serve OR   Third Party (currently not available to Business/Agency sectors)

10. Number of Staff expected to complete training (a dedicated tester can test approx. 6 individuals per hour):

11. Please indicate how your organization plans to implement testing to support the needs of your organization. (check all that apply)

One Time Testing Only (only recommended for special events)

Regular Testing (e.g. one to two times per week)

At Only One Location

Multiple Locations (please complete the multiple locations list on page 2)

12. Approval Process (if for any reason your intake application is not approved we will contact you by phone)

1. Upon approval of the Intake Application you will be sent an email with a Registration Checklist which includes training instructions, testing area set-up instructions, and standard procedures. Shipping will be alerted to send a two week supply of tests to your organization.
2. Within three business days you will be contacted to discuss the Registration Checklist, testing plan, logistics, Q&A training options and Webform reporting with the goal of determining a Go Live Date and supporting the development of a successful testing program for your organization.
3. Following the above discussion, additional shipments (of approximately 4 weeks of testing supplies) will be activated, to be triggered upon receipt of the replenishing supply request email from your agency.

13. Does your organization have health professionals on site who could potentially perform confirmatory test swabbing for those individuals who test positive on an Antigen test? If so, what is the role of these individuals?
(Requires the skillset of nasopharyngeal swabbing – Ex: Occupational Health Nurse)

No Health Professionals to Perform Swabbing   Licensed Practical Nurse

Registered Nurse   Duly Qualified Medical Practitioner

Registered Psychiatric Nurse

Contact Information		
Organization	**Primary Contact Name**	
	Phone Number	
	Email Address	
Shipping Same as Organization Contact	**Primary Contact Name**	
	Phone Number	
	Email Address	
	Shipping Address	

Multiple locations identified for testing		
Location Name	**Shipping Address** (If different than primary shipping address)	**Number of tests per week** (to be completed at this location)

If additional space is required for locations, please add into the email once you click Submit Application.

SUBMIT APPLICATION

* **When submitting application, please add your Sector at the end the subject line of the email.** *