



Health Care Response /COVID-19 Minnesota Fund Request Form

Please complete this form in accordance with the instructions

Agency/Program/Activity:

Department of Health

Title of Request: Purchase of Testing Supplies - Swabs

Date: 5/14/2020

Amount Requested: \$ 4,359,230

Request Funding Source:



Health Care Response Fund Request



COVID-19 Minnesota Fund Request

Brief Summary of Request:

This request is to purchase nasopharyngeal 3D printed swabs, which are a key component of the testing supplies needed to collect specimens from potentially COVID-19 infected persons. This request is to purchase up to 1,000,000 swabs. The swabs will be used by statewide reference laboratories and collection sites specified on the MDH website. In addition, they may be used in collections at long term care facilities or other mobile testing sites. This testing component is difficult to obtain in the marketplace and so it is important to act quickly to purchase these amounts when available or they are reallocated to other states.

Margaret Kelly Digitally signed by Margaret Kelly
Date: 2020.05.14 12:54:08 -05'00'

Department Head Signature

5/14/2020

Date