



Category	Item Type	Size	Quantity Requested
<b>Testing Supplies</b> <i>Before requesting ANY testing supplies, please ensure that you meet the following County and State requirements*</i>	Nasopharyngeal (NP) Swab	N/A	ea
	Oropharyngeal (OP) Swab	N/A	ea
	Microtest Remel M4RT VTM (non-refrigerated)	N/A	ea
	Viral Transport Medium, other (non-refrigerated)	N/A	ea
	VTM Test Kits (Numedico or Kangjian) – Comes with NP swabs	N/A	ea
	Rapid Antigen Test (BinaxNOW)	N/A	ea
<b>N95 Mask</b>	3M 1860S (Small)	ONE SIZE	ea
	BYD N95 Masks	ONE SIZE	ea
	NIOSH N95 Mask (non-vented)	ONE SIZE	ea
<b>Non-N95 Mask</b>	Ear-loop Face Mask – Surgical/Procedure (medical grade)	ONE SIZE	ea
	Ear-loop Face Mask – Non-Surgical (non-medical grade)	ONE SIZE	ea
<b>Eye Protection</b>	Face Shield	ONE SIZE	ea
<b>Gloves</b>	Nitrile	S	ea
	Nitrile	M	ea
	Nitrile	L	ea
	Nitrile	XL	ea
<b>Gowns</b>	Disposable	ONE SIZE	ea
	Re-useable/Washable	ONE SIZE	ea
<b>Hair Covers</b>	Hair Covers	ONE SIZE	ea
<b>Shoe Covers</b>	Shoe Covers	ONE SIZE	ea
<b>Coveralls</b>	Coveralls	ONE SIZE	ea
<b>Sanitizer</b>	Hand Sanitizer, Gel	1 Gal	ea
	Hand Sanitizer, Gel	16.9 oz	ea
	Hand Sanitizer, Gel	8 oz	ea
	Disinfectant Wipes	ONE SIZE	ea
<b>Thermometer</b>	No Touch	N/A	ea
<b>Syringes</b>	Luer Lok	3 mL	ea
<b>Alcohol Prep Pads</b>	Alcohol Prep Pads	ONE SIZE	ea
<b>Bandages</b>	Curad	Spot or Rectangle	ea
<b>Cotton Balls</b>	Cotton Balls	N/A	ea
<b>Ice Packs</b>	Reusable Gel Cold Packs	6" x 7"	Ea

\*County and State requirements:

1. Keep usage of testing supplies within Santa Clara County.
2. Have a CLIA license and ordering physician.
3. Partner with the State of California to offer COVID-19 testing in your community **or** sign a MOU with Public Health to operate an alternative testing site in accordance with our County's procedure. For more information, please visit: <https://testing.covid19.ca.gov/get-started/>



County of Santa Clara  
 Emergency Operations Center (EOC)  
**Resource Request Form 213RR**

**COMPLETED BY OA EOC or DUTY OFFICER**

<b>OA EOC Logistics Section</b>	<b>18. Order Placed By</b> <i>(name, position, agency, phone, radio, email)</i>	
	<b>19. Method of Procurement</b> <i>(filled-in house, agreement, purchase, etc.)</i>	
	<b>20. Supplier Name / Point-of-Contact Information</b> <i>(name, address, phone, fax, email)</i>	
	<b>21. Logistics Section Remarks</b>	
	<b>22. Logistics Section Chief Approval</b> <i>(print and sign)</i>	
<b>OA EOC Fin/Admin Section</b>	<b>23. Finance/Admin Section Chief Remarks and Approval</b> <i>(print and sign)</i>	<b>Date/Time</b>
	<b>OA EOC Management Section</b>	<b>24. EOC Director/County Executive Remarks and Approval</b> <i>(print and sign)</i>
<b>OA EOC Logistics Section</b>	<b>25. Logistics Section Final/Demobilization Remarks</b>	<b>Date/Time</b>

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