*****DO NOT SUBMIT REQUESTS THAT DO NOT FALL WITHIN YOUR JURSIDICTION UNLESS IT HAS BEEN IDENTIFIED AS A NORMAL REGIONAL COST.*****

RESOURCE REQUEST MESSAGE (ICS 213 RR)

1. Incident Name:	2. Date/Time	3. Resource Request Number: *(To be filled out by Incident Management Team)*
Washoe County COVID19	04/02/2020 1000	S-0091

Requestor

4. Order (Use additional forms when requesting different resource sources of supply.):

Qty.	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Date and Time Needed:	S - Number:	TR - Number	Cost:
5000	COVID19 test kits with testing service - Option 1 on quote	04/02/2020	S-0091		
	Regional Use				

5. Requested Delivery/Reporting Location: 1001 E Ninth St, Reno NV 89512 Bldg B

6. Site Point of Contact name and cell phone number: Dawn Spinola - 775-527-1552

7. Suitable Substitutes and/or Suggested Sources: CereCare Clinical Services, LLC - SEE ATTACHED QUOTE

8. Requested by Agency/Name/Position: Washoe County IMT - Isaac Powning - Ops

9. Priority: ☑ Urgent ☐ Routine ☐ Low

10. IMT Section Chief Approval: OPS

Logistics

11. Logistics Order Number:

12. Supplier Phone/Fax/Email: 775-742-4911

13. Name of Supplier/POC: Del Marting
CereCare Clinical Services, LLC

14. Notes:

15. Approval Signature of Auth Logistics Rep:

16. Date/Time: 04/02/2020 1315

Finance

17. Order placed by (check box): SPUL ☐ PROC ☐

18. Reply/Comments from Finance:

19. Finance Section Signature:

20. Date/Time:

16-91