



DATE: April 15, 2026
TO: All Nursing Homes
FROM: NYSDOH – Bureau of Healthcare Associated Infections

Informational Message:
**NYS Department of Health Announces One-Time Opportunity for all Nursing
Homes to Order No-cost COVID-19 Test Kits**

Please distribute to: Administration, Infection Prevention, Nursing

The purpose of this memo is to alert nursing homes in New York State of a one-time special opportunity to receive COVID-19 Test Kits at no charge to their facilities.

ALL nursing homes in New York are eligible for this one-time opportunity.

Background

An integral part of the New York State Department of Health’s commitment to support nursing homes during their response to COVID-19 is to help build and maintain the infection prevention and control infrastructure necessary to support resident, visitor, and facility healthcare personnel safety. To help offset costs and enhance efforts to keep COVID-19 from spreading through nursing homes, New York State Department of Health is offering all nursing homes in New York State a supply of rapid antigen test kits.

Nursing Home One-Time Opportunity to Order No-cost COVID-19 Test Kits

The Order Form is included in this memo. These supplies are offered at no cost to nursing homes in New York State. Nursing homes may order up to enough test kits to complete three rounds of full facility testing based on their **certified** bed capacity and daily average staff count as of February 17, 2026. Facilities are under no obligation to order this full amount or any test kits at all. Supplies for each participating facility will be shipped directly to the facility address in one or two shipments.

Please use the chart on page 2 to identify the number of tests kits available for ordering. If you are unsure of the facility count, please order the amount you feel would be sufficient to test your entire facility three times. We will contact you if the number of cases ordered exceeds what was projected for your facility.

Maximum order amounts (300 test kits per case) to conduct three rounds of testing based on a combination of bed capacity and average daily number of staff (facility count)				
*Facility Count	Cases		*Facility Count	Cases
up to 300	1		3001 - 3300	11
301 - 600	2		3301 - 3600	12
601 - 900	3		3601 - 3900	13
901 - 1200	4		3901 - 4200	14
1201 - 1500	5		4201 - 4500	15
1501 - 1800	6		4501 - 4800	16
1801 - 2100	7		4801 - 5100	17
2101 - 2400	8		5101 - 5400	18
2401 - 2700	9		5401 - 5700	19
2701 - 3000	10		5701 - 6000	20
Bed capacity and average daily staff calculations come from the 'Daily COVID Survey for Nursing Homes' report of 2/17/26.				

The directions for ordering test kits are on page 3. **Order forms must be received no later than April 29, 2026**

Additional details

This effort is supported by funding awarded to Health Research, Inc./New York State Department of Health through Cooperative Agreement number NU5CK000516 by the US Centers for Disease Control and Prevention under the Emerging Issues (E) Project of CK19-1904, “ELC Enhancing Detection” supplement.

For questions about ordering supplies, please email NH_orders@health.ny.gov

Directions for Ordering Test Kits

Order Forms must be submitted no later than April 29, 2026

1. Check the chart on the second page of this document to find the maximum number of cases you may order based on your facility's certified bed capacity and average daily staff counts. We will contact you if the number of cases ordered exceeds what was projected for your facility.
2. Please review the order form for specific product information. **PLEASE NOTE: All test kits have an expiration date of at least 1/2027.** The minimum order is one case. Be sure you have sufficient storage capacity at your facility for the quantity requested.
3. **Save the Order Form file to your desktop**, right click on the Order Form file on your desktop, from the "Open With" menu, select "Adobe Acrobat." The form will not work properly if it's opened in a web browser.
4. Complete the facility information, contact information, and shipping information in full. Select the quantity of cases to automatically calculate the total order.
5. Select the green "Submit" button to start the order submission and follow the directions. If all the required fields are not completed, the submit button will not work.
 - **If you do not see an automatic pre-addressed email with your Order Form attached – the process did not work properly.** You will need to submit your order manually by sending an email to NH_orders@health.ny.gov and attach your Order Form.
6. Once we receive your Order Form, you will receive an automated confirmation email stating that your order has been received and is being processed. If you do not receive this confirmation email within two business days, please email NH_orders@health.ny.gov and let us know. If there are any questions regarding your order, we will contact you.
7. When the order is in process, you will receive an Order Acknowledgment confirmation from the vendor, Safeware, Inc. When the order is ready to ship (either complete or in part) an automatic Advance Shipping Notice email will be sent to the facility's primary contact stating when the shipment will be delivered.
8. As soon as the order is delivered, please locate the packing slip, and verify that your order is complete. We require confirmation from the facility when the order is received in full. Please initial the packing slip with the date the order was received and either scan it to NH_orders@health.ny.gov or fax it to 518-402-5165.

All questions should be directed to NH_orders@health.ny.gov

**NEW YORK STATE NURSING HOME
 COVID-19 TEST KITS ORDER FORM**

Order form limited for use before May 15, 2026

Facility Name: _____

Facility PFI #: _____ Facility Main Phone #: _____


Primary Contact Name: _____

Primary Contact Phone: _____ Primary Contact Email: _____

Secondary Contact Name: _____

Secondary Contact Phone: _____ Secondary Contact Email: _____

Shipping Information	Shipping Instructions
Address: _____ _____ City: _____ Zip: _____ <i>*Must be a complete physical delivery address, no PO Box information</i>	Does your Facility have a Loading Dock: Yes No Do you have specific receiving hours: Yes No If Yes, please state receiving hour here: _____ Any additional special shipping/receiving instructions: _____ _____

Item ID/Description	Unit of Measure	Quantity	Unit Price	Extended Price
Acon Flowflex COVID-19 Antigen Home Test, for self-testing. Each Kit Includes: 1 Test Cassette, 1 Extraction Buffer Tube, 1 Disposable Swab, 1 Tube Holder, 1 Package Insert. 300 kits/case. ACON L031-118B5 <div style="text-align: center;">  <p>All Test kits have an expiration of at least 1/2027.</p> </div>	Case of 300 each			

Only one order form per facility allowed* **ORDER TOTAL:

**NOTE: There is no cost to your facility for these supplies.
 You will not be invoiced.**

By signing this order form you are certifying that you are authorized to place this order and that the facility is capable of receiving quantities as ordered.

Signature: _____ **Submit**