

## COVID-19 Testing by Pharmacists

HHS recently authorized pharmacists to order and administer COVID-19 tests. Pharmacies will need a CLIA Certificate of Waiver from the Mississippi State Department of Health (MSDH) to participate in testing. It will be up to the pharmacy and the pharmacist-in-charge to deem all appropriate training for the testing to be completed. For anyone interested in conducting COVID-19 testing, please stay alert for any changes made by the FDA, HHS, MSDH, or MSBOP. **Positive test results must be reported to MSDH with patient information; negative results must be reported daily in aggregate (number) without patient information.**

### 1. To apply for a CLIA Certificate of Waiver

A video has been produced by NCPA with helpful information that may be found at:  
<http://www.ncpa.co/media/webinar/Fill-Out-CLIA-FORM.mp4>

The application and information concerning the CLIA waiver may be found at:  
[www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html).

### 2. Additional information needed by MSDH with the CLIA Certificate of Waiver application

- **Name and manufacturer of the test(s) used by the pharmacy;** for example: Abbott ID Now COVID-19 test. "COVID-19" would not be sufficient. Each manufacturer's test must be included in the application.
- **Do not include possible or future tests.** If a test is added later that information may be emailed to MSDH, referencing the CLIA ID number in the message, when the pharmacy adds the test.
- **Print out the application and sign it.** The application requires a hard signature, but once signed, it may be submitted electronically to MSDH. **Do not send the 5 pages of instructions with the application.**
- **Scan and email the application to [clia-msdh@msdh.ms.gov](mailto:clia-msdh@msdh.ms.gov).**

If there are any questions regarding the CLIA waiver, please contact Nancy Cheatham or Felicia Calcote at 601-364-1115 or 601-364-2707. Please do NOT call the Board of Pharmacy

### 3. Tests currently suitable for use at a pharmacy

- Abbott Diagnostics Scarborough, Inc. ID NOW COVID-19
- Mesa Biotech Inc. Accula SARS-Cov-2 Test
- Cepheid Xpert Xpress SARS-CoV-2 test

*Please beware of fraudulent tests. Ask the company for documentation that the test has been CLIA waived before your pharmacy purchases. Also, as FDA approves more tests, these could be available, as well.*

### 4. Positive test results must be reported to MSDH with patient information; negative results must be reported daily in aggregate (number) without patient information.

- Positive results should be called to the MSDH Office of Epidemiology, 601-576-7725, AND reported either online or via fax.
- To access online reporting to the Mississippi State Department of Health, click on this [link](https://msdh.ms.gov/msdhsite/static/14,15382,194.html) to request an account: [https://msdh.ms.gov/msdhsite/ static/14,15382,194.html](https://msdh.ms.gov/msdhsite/static/14,15382,194.html).
- If you are not able to report online, please fax the attached ***Pharmacy Report of COVID-19 Test Result to the Mississippi State Department of Health*** to 601-576-7497.
- The daily aggregate report of negative tests should also be faxed to 601-576-7497. Please include the name of your pharmacy, person providing the aggregate report, and contact information.

**\*\*\* Form is attached below\*\*\***

**Pharmacy Report of COVID-19 Test Result to the Mississippi State Department  
of Health**

**(To be used by Pharmacies Only)**

**Call all positive results to the MSDH Office of Epidemiology: 601-576-7725.**

**Fax this report form to the MSDH Office of Epidemiology: 601-576-7497.**

**All information below must be filled out.**

Date of Test: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Symptom Onset as Reported by Patient: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Specific Name of Test: \_\_\_\_\_

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Name of Patient: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Patient Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Current Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic Origin: Yes \_\_\_ No \_\_\_

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Person Reporting: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Patient's Local Physician, if any: \_\_\_\_\_

Local Physician phone number, if known: \_\_\_\_\_