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NILA, Along With Other Laboratory Associations, Ask the White House Pandemic Task Force to Prioritize COVID-19 Testing Supplies Distribution

The National Independent Laboratory Association and five other laboratory stakeholder groups forwarded a <u>letter</u> on October 6, 2020, to Vice President Mike Pence asking that the White House Pandemic Task Force provide transparency into the allocation and availability of COVID-19 testing supplies, reagents, and other materials, e.g., test kits and pipette tips, and to do everything possible to encourage the production of these testing supplies, reagents, and other materials that are currently in short supply.

NILA members <u>continue to face difficulties</u> obtaining critical testing supplies, reagents, and other materials, especially test kits and pipette tips. Without these testing supplies, reagents, and other materials, laboratories cannot meet the demand for COVID-19 tests. For example, one regional laboratory reports an allocation from a manufacturer of enough supplies and reagents to process 500 tests per day, yet their laboratory's capacity is at least 3,000 tests per day.

"NILA members could increase our nation's COVID-19 testing capacity, but they need the help and support of federal officials tasked with leading the response to COVID-19 to do so," says Mark S. Birenbaum, Ph.D., executive director, NILA. "We seek to work with the White House Pandemic Task Force to help ensure that any laboratory with the ability to increase COVID-19 testing capacity be able to do so if they are provided with the necessary testing supplies, reagents, and other materials needed to do the testing."

The six laboratory organizations that signed the letter are requesting a meeting with the White House Pandemic Task Force and its staff.

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NILA members work in regional and community independent clinical laboratories across the United States performing laboratory testing for physicians, hospitals, skilled nursing facilities (SNFs), and other health care professionals. NILA members serve a wide variety of communities and patient populations, many of whom are not adequately served by large independent laboratories—including rural areas, underserved inner city neighborhoods, mid- and small-sized cities and municipalities, congregate facilities, and critical access hospitals.