

Cepheid In-Kind Support Application

Spring 2026

The California Department of Public Health is pleased to make available in-kind support for Cepheid HIV RNA testing Gene Xpert Xpress machines, test cartridges, controls, and supplies to eligible local health jurisdictions (LHJs) and community-based organizations (CBOs).

Start now

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Cepheid In-Kind Support Application

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* Required

1. Which of the options below best describes your organization? (Choose one) *

- Local Health Jurisdiction, city/county government or tribal government agency
- Non-profit community-based organization
- Non-profit health care organization
- Emergency department
- Other

2. What is your organization name? *

San Bernardino County Department of Public Health

3. Contact name and title/position (for questions about this application) *

Heather Cockerill, Public Health Program Manager

4. Contact email address

hcockerill@dph.sbcounty.gov

5. Contact phone number

909-841-6300

6. Organization address (for receiving shipments) *

451 E Vanderbilt Way, Suite 375, San Bernardino, CA 92408

7. Shipping delivery notes (e.g., days/hours; entry instructions)

Please only list times that someone will be present to receive shipments.

*

Shipments can be received Monday - Friday, 8:00am - 4:30 pm

8. In what local health jurisdiction is your program primarily located (58 counties plus the cities of Berkeley, Long Beach and Pasadena)? If your program operates in multiple local health jurisdictions, select the jurisdiction in which your headquarters is located. *

San Bernardino County

9. In which of these settings does your program offer HCV testing? (Check all that apply) *

Community Health Center/FQHC/Rural Health Clinic/Tribal Health Clinic/etc.

Drug treatment/behavioral health

Emergency department

HIV prevention program

Jails

Mobile health van/street medicine

Public health clinic

HIV/STI Clinics

Syringe services program

Other

10. Does your organization have a current Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver to conduct CLIA-waived HCV testing (or an agreement to perform HCV testing under another entity's CLIA certificate of waiver)? *

Yes

No

Other

11. Does your program have licensed medical personnel on staff to administer the Cepheid HCV RNA test? (Note: under California Business and Profession Code 1206.5, medical doctors (MDs), doctors of osteopathic medicine (DOs), nurse practitioners (NPs), physician assistants (PAs), pharmacists, pharmacy student interns, registered nurses (RNs), licensed vocational nurses (LVNs), and medical assistants (MAs) are authorized to perform CLIA-waived testing within their respective scopes of practice.) *

Yes

No

I'm not sure

12. How many HCV antibody tests did your program perform in the last 12 months? *

3,888

13. Of those HCV antibody tests performed in the last 12 months, how many were reactive? *

180

14. How does your program currently conduct HCV RNA testing? *

Referral/warm hand off to off-site blood draw

On-site blood draw (including on a mobile health van or via street medicine)

On-site point of care Cepheid Xpert Xpress RNA Testing

15. How many HCV RNA tests did your program perform in the last 12 months? (If none, enter zero.) *

76

16. Of these RNA tests performed in the last 12 months, about how many were HCV RNA positive? *

25

17. In order to offer HCV RNA testing to everyone with a reactive HCV antibody result, how many Cepheid HCV RNA test cartridges will your program need, per month? (Test cartridges come in boxes of 10.) *

10

18. Which of the following items is your program requesting for in-kind support? (Check all that apply) *

- Cepheid Gene Xpert Xpress Machine
- HCV RNA test cartridges
- Testing supplies (ex: gloves, lancets, band aids, etc.)
- All of the above
- Other

19. How does your organization plan to follow up with HCV RNA positive results? *

- Referral to off-site clinic
- Warm hand-off to off-site clinic
- Tele-health treatment
- Warm hand-off to internal provider for treatment
- Other

20. For about how many patients did your program initiate HCV treatment in the past 12 months? (If none, enter zero.) *

16

21. If you are allocated HCV testing supplies, will your organization agree to submit monthly HCV testing data reports using CDPH templates (e.g., in Excel) on time? *

- Yes
- No

22. Any additional comments?

Thank you for considering San Bernardino County's application to participate in this initiative and expand access to HCV RNA testing for the most vulnerable populations within our communities.

23. Name and title of person authorizing this application submission *

Janki Patel, Acting Director

24. Electronic signature of person authorizing this application submission *

Janki Patel

Submit



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