|  |  |  |  |
| --- | --- | --- | --- |
| Site Name |  | Kit Lot |  |
| Kit Name |  | Expiration |  |

*Instructions: Complete row below of each test conducted. Start a new log for each new test kit lot or type. Referred to SSP 6 (Clinical Considerations) for testing guidance.*

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| PID | Test Date | Outcome | Staff initials |
| \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ | \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ DD/ MMM/ YYYY | Negative  Positive  invalid (repeat test) |  |
| \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ | \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ DD/ MMM/ YYYY | Negative  Positive  invalid (repeat test) |  |
| \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ | \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ DD/ MMM/ YYYY | Negative  Positive  invalid (repeat test) |  |
| \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ | \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ DD/ MMM/ YYYY | Negative  Positive  invalid (repeat test) |  |
| \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ | \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ DD/ MMM/ YYYY | Negative  Positive  invalid (repeat test) |  |
| \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ | \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ DD/ MMM/ YYYY | Negative  Positive  invalid (repeat test) |  |
| \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ | \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ DD/ MMM/ YYYY | Negative  Positive  invalid (repeat test) |  |
| \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ | \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ DD/ MMM/ YYYY | Negative  Positive  invalid (repeat test) |  |
| \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ | \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ DD/ MMM/ YYYY | Negative  Positive  invalid (repeat test) |  |
| \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ | \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ DD/ MMM/ YYYY | Negative  Positive  invalid (repeat test) |  |
| \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ | \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ DD/ MMM/ YYYY | Negative  Positive  invalid (repeat test) |  |
| \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ | \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ DD/ MMM/ YYYY | Negative  Positive  invalid (repeat test) |  |