

Lab Name

Abbott ID Now Covid-19 QC & Patient Results Log

Test Kit Lot Number: Kit Expiration Date:		Date Kit was Received: Date Kit was Opened:		Quality Control Performed by:	
Positive Control Swab Results: <input type="checkbox"/> Neg <input type="checkbox"/> Pos Negative Control Swab Results: <input type="checkbox"/> Neg <input type="checkbox"/> Pos		Procedural QC POS: <input type="checkbox"/> Valid <input type="checkbox"/> Invalid Procedural QC NEG: <input type="checkbox"/> Valid <input type="checkbox"/> Invalid		QC Acceptable? <input type="checkbox"/> OK <input type="checkbox"/> Not OK	
Document Corrective Action here:				Supervisor's Initials: Date of Review:	
Barcode	Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> POSITIVE	Internal QC: <input type="checkbox"/> Ok <input type="checkbox"/> Not Ok	Barcode	Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> POSITIVE	Internal QC: <input type="checkbox"/> Ok <input type="checkbox"/> Not Ok
If POSITIVE, Provider or Nurse Notified: _____ Time Notified: _____	Date Performed:	Tech Initials:	If POSITIVE, Provider or Nurse Notified: _____ Time Notified: _____	Date Performed:	Tech Initials:
Barcode	Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> POSITIVE	Internal QC: <input type="checkbox"/> Ok <input type="checkbox"/> Not Ok	Barcode	Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> POSITIVE	Internal QC: <input type="checkbox"/> Ok <input type="checkbox"/> Not Ok
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Barcode	Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> POSITIVE	Internal QC: <input type="checkbox"/> Ok <input type="checkbox"/> Not Ok	Barcode	Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> POSITIVE	Internal QC: <input type="checkbox"/> Ok <input type="checkbox"/> Not Ok
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Time Notified: _____			Time Notified: _____		
Barcode	Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> POSITIVE	Internal QC: <input type="checkbox"/> Ok <input type="checkbox"/> Not Ok	Barcode	Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> POSITIVE	Internal QC: <input type="checkbox"/> Ok <input type="checkbox"/> Not Ok
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Barcode	Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> POSITIVE	Internal QC: <input type="checkbox"/> Ok <input type="checkbox"/> Not Ok	Barcode	Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> POSITIVE	Internal QC: <input type="checkbox"/> Ok <input type="checkbox"/> Not Ok
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Tape Analyzer Print-outs behind this sheet.