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| Test Kit Lot Number: Exp Date: | Date Kit was Received: Date Kit was Opened: | Quality Control Performed by: |
| Pos. Control Swab Results:🞎 Neg 🞎 Pos Neg. Control Swab Results:🞎 Neg 🞎 Pos | Procedural QC POS: 🞎 Valid 🞎 Invalid Procedural QC NEG: 🞎 Valid 🞎 Invalid | QC Acceptable? 🞎 OK 🞎 Not OK |
| Document Corrective Action here: Supervisor’s Initials: Date of Review: |
| **School Name:** |
| Patient Name: | Covid Status: 🞎 Naive 🞎 Recovered 🞎 Vaccinated | Test Results: 🞎 Negative 🞎 \*POSITIVE\* | Time of Test: | Swabed by: 🞎 Nurse 🞎 Self-swab🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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