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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| DOB:  🞎 Consent on file | Phone:  Race: 🞎 American Indian 🞎 White  🞎 African American 🞎 Hispanic/Latino  🞎 Asian 🞎 Native Hawaiian/Pacific Islander 🞎 Mixed Race 🞎 Other | Role: 🞎 Teacher 🞎 Staff/Admin  🞎 Student 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Time of Notification: | **🞎 Entered in REDcap.** | |
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