



# ID NOW™ COVID-19 2.0 Verification Form

Form revised 10/5/2023

Physician Office Laboratory: \_\_\_\_\_

ID NOW COVID 19 2.0 Lot Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Record the results from at least 20 reference samples below. Record any repeats or unexpected results. After the ID NOW COVID-19 2.0 results have been recorded (positive or negative) then record the Expected Results (positive or negative).

REFERENCE SAMPLE #	ID NOW COVID-19 2.0 RESULT	EXPECTED RESULT	TESTER'S INITIALS	DATE	COMMENTS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					



19.					
20.					
21.					
22.					
23.					
24.					
25.					

SUPERVISORY REVIEW BY: \_\_\_\_\_ DATE: \_\_\_\_\_

LABORATORY DIRECTOR REVIEW AND APPROVAL FOR PATIENT TESTING:

LABORATORY DIRECTOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

LFR 500711