



## ID NOW Influenza A & B 2 Corrective Action Form

**PROBLEM/ERROR**

**CORRECTIVE ACTION**

Form revised 8/9/2023 LTR

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LTR 49836

**TRAINED OPERATOR:** \_\_\_\_\_

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

**SUPERVISOR:** \_\_\_\_\_

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

**LABORATORY DIRECTOR:** \_\_\_\_\_

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