



ID NOW™ Influenza A & B 2 Verification Form

Physician Office Laboratory: _____

ID NOW™ Influenza A & B 2 Lot Number: _____ Exp: _____

Record the results from at least 20 reference samples below. Record any repeats or unexpected results. After the ID NOW™ Influenza A & B 2 results have been recorded (positive or negative) then record the Expected Results (positive or negative).

REFERENCE SAMPLE #	ID NOW™ INFLUENZA A RESULT	ID NOW™ INFLUENZA B RESULT	EXPECTED INFLUENZA A RESULTS	EXPECTED INFLUENZA B RESULTS	TESTER'S INITIALS	DATE	COMMENTS
1.							
2.							
3.							
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25.							

SUPERVISORY REVIEW BY: _____ DATE: _____

LABORATORY DIRECTOR REVIEW AND APPROVAL FOR PATIENT TESTING:

LABORATORY DIRECTOR SIGNATURE: _____

DATE: _____

LTR 49755