



ID NOW™ RSV Verification Form

Physician Office Laboratory: _____

ID NOW™ RSV Lot Number: _____ Exp: _____

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

REFERENCE SAMPLE #	ID NOW™ RSV 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: _____

LTR 49121