



ID NOW™ Strep A 2 Verification Form

Physician Office Laboratory: _____

ID NOW™ Strep A 2 Lot Number: _____ Exp: _____

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

REFERENCE SAMPLE #	ID NOW™ STREP A 2 Result	Expected Result	TESTER'S INITIALS	DATE	COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					



Abbott

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: _____