

Cardinal Health Mono II Rapid Test

Monthly QC and Patient Record with Internal Controls

Kit Lot # _____ Exp Date _____ Pos Control Lot# _____ Exp Date _____ Neg Control Lot# _____ Exp Date _____

Date	Patient Name	Patient ID Number	Patient Result (Pos or Neg)	Red Line in Control Region (C) Procedural Control Valid? Yes or No	Clear Background Procedural Control Valid? Yes or No	Trained Operator Initials
	1. Positive Control	Positive Control				
	2. Negative Control	Negative Control				
	3.					
	4.					
	5.					
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	25.					

Supervisory review by: _____ Date: _____