Quidel QuickVue Influenza A + B Test Log

School Name:_____					
Controls:		**Lot #**	**Exp.**	**Results**	**Nurse Initials**
Positive Control A					
Positive Control B					
Negative Control					
Student's Name		**D.O.B.**	**Control**	**Results**	**Nurse Initials**
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					

Quidel QuickVue Influenza A + B

Kit Lot #_____ **Expiration:**_____

Reagent Solution Lot #_____ **Expiration:**_____

Reagent Tube Lot #_____ **Expiration:**_____

Test Strip Lot #_____ **Expiration:**_____