

Quidel QuickVue Strep A Test Log

School Name: _____

Controls:	Lot #	Exp.	Results	Nurse Initials
Negative Control				
Positive Control				

Student's Name	D.O.B.	Control	Results	Nurse Initials
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				

Quidel QuickVue Strep A

Kit Lot # _____ Expiration: _____

Extraction Reagent A Lot # _____ Expiration: _____

Extraction Reagent B Lot # _____ Expiration: _____