**Testing Site: Reviewed by: Date:**

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|  | | | | **Control Spot**  **(Top)** | | **Test Spot**  **(Bottom)** | | **Confirmation of Reactive POC Result** | | | **Waste** | **Expired** |  |
| **Date** | **Tester** | **Lot # and Expiry Date** | **Client Identifiers (2)** | **Valid** | **Invalid** | **Not Reactive** | **Reactive** | **True Positive** | **False Positive** | **WHY Not Confirmed** | **Enter # from below** | **# of kits** | **Comments** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | **TOTAL** |  |  |  |  |  |  |  |  |  |  |

***INVALID?*** *– No blue dot at top. Repeat POC if possible, enter repeat result on new line. Test by serology if unable to do another POC test. Add comment regarding possible cause.*

***If Invalid a second time*** *– send serology sample for lab testing AND RUN QC before testing more clients.*

**Reasons for Waste** – Please enter the number associated with the type of waste in the appropriate cell above.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Blood collection Problem | 3 | Previously Positive Result | 5 | Patient Refused | 7 | Client requested retest | 9 | Other (please explain in Comments) |
| 2 | Vial Spill | 4 | Kit Failure - NOTIFY PROGRAM IMMEDIATELY | 6 | Instructions Failure | 8 | Missing kits | | |