

Facility:

Location:

Results Log with QC – Qualitative Test

Test Name: \_\_\_\_\_

Date	Sample ID / Patient ID	Test Result	Initials	Test Lot number / Test Exp. Date	QC Lot / Exp Date	Positive Control Results	Negative Control Results
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							