



BD Veritor COVID

30 Test Kit Lot Number _____ Expiration Date: ___/___/___ Date Opened: ___/___/___

Test ID	Test Date/Time	Patient Name	DOB / Chart #	Patient Result (please circle one)	Testing Personnel Initials
		Positive Control			
		Negative Control			
1				Positive Invalid Negative	
2				Positive Invalid Negative	
3				Positive Invalid Negative	
4				Positive Invalid Negative	
5				Positive Invalid Negative	
6				Positive Invalid Negative	
7				Positive Invalid Negative	
8				Positive Invalid Negative	
9				Positive Invalid Negative	
10				Positive Invalid Negative	
11				Positive Invalid Negative	
12				Positive Invalid Negative	
13				Positive Invalid Negative	
14				Positive Invalid Negative	
15				Positive Invalid Negative	
16				Positive Invalid Negative	
17				Positive Invalid Negative	
18				Positive Invalid Negative	
19				Positive Invalid Negative	
20				Positive Invalid Negative	
21				Positive Invalid Negative	
22				Positive Invalid Negative	
23				Positive Invalid Negative	
24				Positive Invalid Negative	
25				Positive Invalid Negative	
26				Positive Invalid Negative	
27				Positive Invalid Negative	
28				Positive Invalid Negative	
29				Positive Invalid Negative	
30				Positive Invalid Negative	