



HIV/HCV Rapid Testing Quality Assurance Log

Test Provider ID: _____								Date: _____	
Client ID	Test Name	Lot Number	Expiration Date MM-DD-YYYY	Begin Test Time End Test Time	Begin Test Temp End Test Temp	HIV Result	HCV Result		
				☐ AM ☐ PM		☐ Prelim Positive (Ab Only) ☐ Prelim Positive (Ag Only) ☐ Prelim Positive (Ag and Ab) ☐ Negative ☐ Invalid	☐ Reactive ☐ Non-Reactive		
				☐ AM ☐ PM					
				☐ AM ☐ PM		☐ Prelim Positive (Ab Only) ☐ Prelim Positive (Ag Only) ☐ Prelim Positive (Ag and Ab) ☐ Negative ☐ Invalid	☐ Reactive ☐ Non-Reactive		
				☐ AM ☐ PM					
				☐ AM ☐ PM		☐ Prelim Positive (Ab Only) ☐ Prelim Positive (Ag Only) ☐ Prelim Positive (Ag and Ab) ☐ Negative ☐ Invalid	☐ Reactive ☐ Non-Reactive		
				☐ AM ☐ PM					
				☐ AM ☐ PM		☐ Prelim Positive (Ab Only) ☐ Prelim Positive (Ag Only) ☐ Prelim Positive (Ag and Ab) ☐ Negative ☐ Invalid	☐ Reactive ☐ Non-Reactive		
				☐ AM ☐ PM					
				☐ AM ☐ PM		☐ Prelim Positive (Ab Only) ☐ Prelim Positive (Ag Only) ☐ Prelim Positive (Ag and Ab) ☐ Negative ☐ Invalid	☐ Reactive ☐ Non-Reactive		
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				☐ AM ☐ PM					