

SAMPLE

Master Test Results Log

Device Name and Lot # _____

Device Expiration Date _____

Testing Location _____

Client ID	Date Specimen Collected & Tester	Test Result N=Negative R= Reactive I=Invalid	M/F	DOB	Room Temp	Confirmatory/Supplementat Testing- Specimen type				Date/Review Comments
						Tracking #	Result	Date Result Received	Post test Date	

* ID = Identification (e.g., client name, number)