



Product Training Record

Type of Product:

- | | | |
|--|--|---|
| <input type="checkbox"/> QuickVue® hCG Urine | <input type="checkbox"/> QuickVue RSV 10 | <input type="checkbox"/> AmpliVue® C. difficile |
| <input type="checkbox"/> QuickVue hCG Combo | <input type="checkbox"/> QuickVue Chlamydia | <input type="checkbox"/> AmpliVue GBS |
| <input type="checkbox"/> QuickVue+® hCG Combo | <input type="checkbox"/> QuickVue H. pylori | <input type="checkbox"/> AmpliVue HSV 1+2 |
| <input type="checkbox"/> QuickVue+ Strep A | <input type="checkbox"/> QuickVue iFOB | <input type="checkbox"/> Lyra™ Influenza A+B |
| <input type="checkbox"/> QuickVue In-Line® Strep A | <input type="checkbox"/> Sofia® Strep A FIA | <input type="checkbox"/> Lyra + hMPV |
| <input type="checkbox"/> QuickVue Dipstick Strep A | <input type="checkbox"/> Sofia Influenza A+B FIA | <input type="checkbox"/> Lyra C. difficile |
| <input type="checkbox"/> QuickVue+ Mononucleosis | <input type="checkbox"/> Sofia RSV FIA | |
| <input type="checkbox"/> QuickVue Influenza | <input type="checkbox"/> Sofia hCG FIA | |
| <input type="checkbox"/> QuickVue Influenza A+B | | |
| <input type="checkbox"/> QuickVue RSV | | |

Type of Training:

- | | |
|--|--|
| <input type="checkbox"/> Patient Testing Procedure | <input type="checkbox"/> Proficiency Testing Procedure |
| <input type="checkbox"/> Quality Control Testing Procedure | <input type="checkbox"/> Specimen Collection and Storage |
| <input type="checkbox"/> Other: _____ | |

Training Conducted:

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> One-on-One | <input type="checkbox"/> Group |
|-------------------------------------|--------------------------------|

Person(s) Trained:

Signature:

I, certify that the above individual(s) has been trained in the above area(s).

Trainer:

Title:

Name: _____

Signature of Trainer: _____

Date: _____

Facility Name: _____