

Test Kit Lot #

Date of

STREP TEST LOG

Expiration Date_

Test Result

Internal

Control

Testing

Personnel

Initials

| Positive Control | N/A | | |
|------------------|-----|--|--|
| Negative Control | N/A | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Date of Birth

Testing Patient Name