

Influenza A&B Screen POC Form

| PATIENT INFORMATION | |
|---------------------|------------|
| Last Name | First Name |
| Date of Birth | MRN |

| ORDER INFORMATION | |
|-------------------|---------------------|
| Ordering Provider | Performed By |
| Documented By | Performing Location |
| Date Performed | Time Performed |

| Influenza A & B Screen POC RESULTS | |
|---|---|
| Are Controls Valid <input type="checkbox"/> Yes <i>*Results with a failed or 'invalid' control should be discarded and repeated.</i> | |
| Influenza A Result | <input type="checkbox"/> Negative <input type="checkbox"/> Positive |
| Influenza B Result | <input type="checkbox"/> Negative <input type="checkbox"/> Positive |
| Kit Lot Number | |