Strep 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

Strep Screen POC RESULTS		
Are Controls Valid ☐ Yes **Results with a failed or 'invalid' control should be discarded and repeated.*		
Strep Screen Results	☐Negative	☐Positive
Kit Lot Number		