



## Results Log with QC – Qualitative Test

Facility: \_

Location: \_

Test Name: \_\_\_\_\_

Reportable Range: \_\_\_\_\_

	Date	Sample ID / Patient ID	Test Result	Initials	Test Lot No.	Test Exp. Date	QC Lot / Exp Date	Positive Control Results	Negative Control Results
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									