External Quality Control Log

LOG SHEET

CLARITY

Clarity Influenza A&B Test

	Date	External Negative Control Result	External Positive Control Result	Lot Number and Exp. Date	Nurse/ Technician Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					