MLAB 2361 Clinical II
Serology Rotation

Name ____________________________ Date __________________

Procedure _______________________

Test Kit Name _____________________

Manufacturer _____________________

Lot Number _______________________

Expiration Date ___________________

*Unless otherwise indicated by the kit report the interpretation as positive or negative.*

<table>
<thead>
<tr>
<th>Controls</th>
<th>Result</th>
<th>Result Valid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patient Name and Identification Number

1. 

2.