

**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.

Controls	Result	Result Valid
Positive		
Negative		
Patient Name and Identification Number		
1.		
2.		