Clearview® COMPLETE HIV-1/2 Test Log

Agency Name /Facility ID: _____

Lot # **Lot Expiration Date** **Date Lot Placed In Use**

KDHE Universal Lab Requisition Number	Client Date of Birth	BROCHURE √	Specimen Collection		Test Result (Circle One)	CONTROL OK (√)	Time Reported to Patient	Counselor Number	Confirmatory Testing	
			Date	Time					Date Confirm Sent	Confirm Yes / No
		☐			Non-Reactive	☐				No
		☐			Non-Reactive	☐				No
		☐			Non-Reactive	☐				No
		☐			Non-Reactive	☐				No
		☐			Non-Reactive	☐				No
		☐			Non-Reactive	☐				No
		☐			Non-Reactive	☐				No
		☐			Non-Reactive	☐				No
		☐			Non-Reactive	☐				No
		☐			Non-Reactive	☐				No

Temperature: _____ **Location:** _____