

Alere HIV-1/2 Determine Test Log

Agency Name /Facility ID: _____

Lot #	Lot Expiration Date	Date Lot Placed In Use	Specimen Collection		Test Result (Circle One)	C O N T R O L	O K (\checkmark)	Time Reported to Patient	Counselor Number	Preliminary Positive	
KDHE Universal Lab Requisition Number	Client Date of Birth	B R O C H U R E	Date	Time	Non-reactive - Reactive Invalid					BIS Notified	LTC Notified
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Temperature: _____

Location: _____