Abbott

ID NOW™ Certification of Training

FLU A/B 2____ Strep A 2____ RSV____ COVID-19____ (Check all that apply)

This is to verify that personnel responsible for running the ID NOW™ at _____ have been thoroughly in-serviced on the test and the test procedure. This has included:

- **Review of the package insert**
- **Demonstration of the product assay**
- **Successful performance of the ID NOW™ assays and interpretation of results**

Names of the personnel who have been trained with the ID NOW™ and are responsible for reporting patient results:

PRINT NAME	SIGNATURE	DATE

Signature of Laboratory Director(s) responsible for personnel and testing:

_____ _____
SIGNATURE DATE

_____ _____
SIGNATURE DATE

_____ _____
TRAINER DATE