St. Joseph's/Candler Health System
Strep Screen Log Sheet

Location_____

Test Kit Lot #	Test Kit Exp	Date in Use	Tech
_____	_____	_____	_____
Test Kit Lot #	Test Kit Exp	Date in Use	Tech
_____	_____	_____	_____

Date	Patient Name Pos/ Neg Control Lot #	Patient DOB Control Exp	Test Result POS or NEG	Internal Control (√)	Tech

Expected Result: Negative

Reviewed: _____