Agency Name: _____ Site: _____ Tester(s): _____

INSTI HIV-1/HIV-2 Rapid HIV Test Result Log

Client Identification (Bubble Sheet Crack-n-Peel Label)	Room Temp	Date Specimen Collected	Lot # on Test Device	Test Exp. Date	Test Run Time*	Test Result **N** = Non-reactive **P** = Preliminary Positive** **I** = Invalid	Time result reported to client	Tester's Initials	Date Bubble Sheet Mailed to DPH	Tracking Number

* Test Run Time = Time from starting the test to reading test results (in minutes). The test run time should be ≤ 5 minutes.
** Reactive or **Preliminary Positive**. Although it is very unlikely that the test is wrong, all reactive results must be confirmed. A log for confirmatory tracking is highly recommended.