Counseling, Testing and Referral Site **Facility Name** Report Date Street Address **ZIP Code** City Contact Person Telephone Number Invalid Rapid HIV/HCV Test Date of Invalid Test Type of Test: ☐ Chembio SURE CHECK® HIV 1/2 ☐ OraQuick® HCV Lot Number **Expiration Date of Test Date of Last Control** Invalid Rapid HIV/HCV Test Result ☐ Test or control line outside valid area (too high or too low) ☐ Test kit was spilled ☐ Test kit was stored out of temp. range ☐ Test or control line did not extend across the window ☐ Result read too early or too late ☐ Other reason (explain below) ☐ Reason unknown – please describe appearance of result ☐ Test kit was expired window (e.g., line at T but not at C, pink result window, ☐ Forgot to insert a sample etc.). Explain below. □ No control line Explain Discrepancy of Test Quality Assurance Describe quality assurance follow-up procedures that were conducted to resolve this problem and prevent it from reoccurring (i.e., check storage temperature ranges, inspect expiration dates, and/or verify proper testing techniques).

Fax this form to 701.328.2499 or mail to:
Attn: HIV.STD.Hepatitis Prevention Coordinator
North Dakota Department of Health
Division of Disease Control
2635 East Main Avenue
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