**Certification of Training**

This is to verify that personnel responsible for running the Sofia SARS Antigen FIACOVID-19 at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have been thoroughly in-serviced on the test and the test procedure. This has included:

1. **Review of the package insert**
2. **Demonstration of the product assay**
3. **Successful performance of the Sofia SARS Antigen FIA and interpretation of results**

Names of the personnel who have been trained with the Sofia SARS Antigen FIAand are responsible for reporting patient results:

|  |  |  |
| --- | --- | --- |
| **Print Name** | **Signature** | **Date** |
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Signature of Laboratory Director(s) responsible for personnel and testing:

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**SIGNATURE DATE**

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**SIGNATURE DATE**

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**TRAINER DATE**