

INSTI Test Result Log

INSTI Lot Number: _____		Expiration Date: _____	
Client ID Number	Date Confirmatory Specimen Sent to Lab	If the Sure Check result was reactive, was the lab result also positive?	Additional Notes
Place Scan ID Sticker Here		<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, then attempt to retest client and write new scan ID number below _____	
Place Scan ID Sticker Here		<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, then attempt to retest client and write new scan ID number below _____	
Place Scan ID Sticker Here		<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, then attempt to retest client and write new scan ID number below _____	
Place Scan ID Sticker Here		<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, then attempt to retest client and write new scan ID number below _____	
Place Scan ID Sticker Here		<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, then attempt to retest client and write new scan ID number below _____	
Place Scan ID Sticker Here		<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, then attempt to retest client and write new scan ID number below _____	
Place Scan ID Sticker Here		<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, then attempt to retest client and write new scan ID number below _____	
Place Scan ID Sticker Here		<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, then attempt to retest client and write new scan ID number below _____	
Place Scan ID Sticker Here		<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, then attempt to retest client and write new scan ID number below _____	
Place Scan ID Sticker Here		<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, then attempt to retest client and write new scan ID number below _____	
Place Scan ID Sticker Here		<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, then attempt to retest client and write new scan ID number below _____	

INSTI Control Log

Control Lot Number: _____ Expiration Date: _____

Test Kit Lot Number: _____ Expiration Date: _____

Date	Name of person running controls	Date Controls Opened	Date Controls must be discarded	Reasons for Running Controls (Check One)		Time Controls Began	Time Results Read	Negative Control Result	Positive Control Result(s)
								<i>Indicate if Controls run successfully</i>	
		Were new controls opened today? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Routine <input type="checkbox"/> New Operator <input type="checkbox"/> New Shipment	<input type="checkbox"/> New Lot Opened <input type="checkbox"/> Storage Temp Irregularity <input type="checkbox"/> Test Area Temp Irregularity <input type="checkbox"/> Outreach Location	AM/PM	AM/PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Were new controls opened today? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Routine <input type="checkbox"/> New Operator <input type="checkbox"/> New Shipment	<input type="checkbox"/> New Lot Opened <input type="checkbox"/> Storage Temp Irregularity <input type="checkbox"/> Test Area Temp Irregularity <input type="checkbox"/> Outreach Location	AM/PM	AM/PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Were new controls opened today? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Routine <input type="checkbox"/> New Operator <input type="checkbox"/> New Shipment	<input type="checkbox"/> New Lot Opened <input type="checkbox"/> Storage Temp Irregularity <input type="checkbox"/> Test Area Temp Irregularity <input type="checkbox"/> Outreach Location	AM/PM	AM/PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Were new controls opened today? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Routine <input type="checkbox"/> New Operator <input type="checkbox"/> New Shipment	<input type="checkbox"/> New Lot Opened <input type="checkbox"/> Storage Temp Irregularity <input type="checkbox"/> Test Area Temp Irregularity <input type="checkbox"/> Outreach Location	AM/PM	AM/PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Were new controls opened today? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Routine <input type="checkbox"/> New Operator <input type="checkbox"/> New Shipment	<input type="checkbox"/> New Lot Opened <input type="checkbox"/> Storage Temp Irregularity <input type="checkbox"/> Test Area Temp Irregularity <input type="checkbox"/> Outreach Location	AM/PM	AM/PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Were new controls opened today? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Routine <input type="checkbox"/> New Operator <input type="checkbox"/> New Shipment	<input type="checkbox"/> New Lot Opened <input type="checkbox"/> Storage Temp Irregularity <input type="checkbox"/> Test Area Temp Irregularity <input type="checkbox"/> Outreach Location	AM/PM	AM/PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Were new controls opened today? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Routine <input type="checkbox"/> New Operator <input type="checkbox"/> New Shipment	<input type="checkbox"/> New Lot Opened <input type="checkbox"/> Storage Temp Irregularity <input type="checkbox"/> Test Area Temp Irregularity <input type="checkbox"/> Outreach Location	AM/PM	AM/PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Were new controls opened today? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Routine <input type="checkbox"/> New Operator <input type="checkbox"/> New Shipment	<input type="checkbox"/> New Lot Opened <input type="checkbox"/> Storage Temp Irregularity <input type="checkbox"/> Test Area Temp Irregularity <input type="checkbox"/> Outreach Location	AM/PM	AM/PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

INSTI Temperature Log

Month: _____ Year: _____

Control Storage Area		
Day	Temperature	Initials
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

*INSTI Controls must be stored at a temperature between **36°F and 46°F**. If the temperature for the controls storage area falls outside this range, document corrective actions taken in the Corrective Action Log.*

Storage Area		
Day	Temperature	Initials
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

*INSTI test kits must be stored at a room temperature between **59°F and 86°F**. If the temperature for the storage area falls outside this range, document corrective actions taken in the Corrective Action Log.*

Testing Area		
Day	Temperature	Initials
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

*INSTI test kits should be used at temperature ranges between **59°F and 86°F**. If the temperature for the testing area falls outside this range, document corrective actions taken in the Corrective Action Log.*

Corrective Action Log

Date	Test Kit Lot Number	Describe Problem	Corrective Action(s) Taken	Did Corrective Action Solve Problem?	If No, List Additional Corrective Actions Carried Out
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Reactive Rapid Result Form

Site Number(s): _____ Month: _____ Year: _____

<i>Place Scan ID Sticker Here</i>	<i>Place Scan ID Sticker Here</i>
<i>Place Scan ID Sticker Here</i>	<i>Place Scan ID Sticker Here</i>
<i>Place Scan ID Sticker Here</i>	<i>Place Scan ID Sticker Here</i>
<i>Place Scan ID Sticker Here</i>	<i>Place Scan ID Sticker Here</i>
<i>Place Scan ID Sticker Here</i>	<i>Place Scan ID Sticker Here</i>
<i>Place Scan ID Sticker Here</i>	<i>Place Scan ID Sticker Here</i>
<i>Place Scan ID Sticker Here</i>	<i>Place Scan ID Sticker Here</i>
<i>Place Scan ID Sticker Here</i>	<i>Place Scan ID Sticker Here</i>
<i>Place Scan ID Sticker Here</i>	<i>Place Scan ID Sticker Here</i>
<i>Place Scan ID Sticker Here</i>	<i>Place Scan ID Sticker Here</i>

This form is to be used whenever a reactive rapid test result is obtained. Attach an ID sticker from the *DH 1628 Lab Request Form* used during the counseling session to this form in the spaces provided. You will need to send this form each month along with the negative copies of your 1628's to:

**Florida Department of Health
HIV/AIDS Section
Rapid Testing Data – Rm. 304
4025 Esplanade Way
Tallahassee, FL 32399**

If there are no reactive rapids during the month, write “No Reactive Tests” across the form, and submit along with your negative 1628's.