

### Sure Check Test Result Log

Sure Check 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 _____	

## Sure Check 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	Date	<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	Date	<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	Date	<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	Date	<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	Date	<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	Date	<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	Date	<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	Date	<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

## Sure Check Temperature Log

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Sure Check Control Storage Area		
Day	Temperature	Initials
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
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18		
19		
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27		
28		
29		
30		
31		

Sure Check Storage Area		
Day	Temperature	Initials
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
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19		
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Sure Check Testing Area		
Day	Temperature	Initials
1		
2		
3		
4		
5		
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7		
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14		
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31		

Sure Check 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.

Sure Check test kits must be stored at a room temperature between **46°F and 86°F**. If the temperature for the storage area falls outside this range, document corrective actions taken in the Corrective Action Log.

Sure Check test kits should be used at temperature ranges between **64°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 Test ID Form

Site: \_\_\_\_\_ 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>
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<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 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: **FOR CONFIRMATORY TESTING OUTSIDE the Bureau of Public Health Laboratories in Jacksonville or Miami-Dade, please attach a copy of the private lab result to the original DH1628 used for the reactive rapid test and send with the other testing for the month.**

**HIV/AIDS Section  
4025 Esplanade Way  
Tallahassee, Florida 32399  
Attention: Rapid Testing Data/Room 304**