

Signature Page of Training

This is to verify that personnel responsible for running the BinaxNOW™ COVID-19 Ag Card at _____ have been thoroughly in-serviced on the test and the test procedure.

This has included:

- **Review of the package insert**
- **Demonstration of the product assay**
- **Successful performance of the BinaxNOW™ COVID-19 Ag Card and interpretation of results**

Names of the personnel who have been trained with the BinaxNOW™ COVID-19 Ag Card and are responsible for reporting patient results:

PRINT NAME	SIGNATURE	DATE

Signature of Laboratory Director(s) responsible for personnel and testing:

SIGNATURE

DATE

MEDICAL DIRECTOR SIGNATURE

DATE

TRAINER

DATE