VerifyNow® System

Patient Test Log

DATE	TIME SPEC COLL*	TIME TESTED	TEST DEVICE LOT #/ EXP.	PATIENT NAME & ID #	TEST (Aspirin, PRUTest, IIb/IIIa)	EQC** P/F	TEST RESULT	OPERATOR

Accriva diagnostics

* If specimen was unsuitable for testing (clotted, hemolyzed, underfilled tube), indicate the reason for rejection and whether or not a new specimen was drawn on the reverse of this form. If no new specimen was drawn, indicate person notified.

** Perform once per day. If EQC fails, explain how it was corrected on the reverse of this form.

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