Point-of-Care (POC) HIV Testing Record - Daily Log

Date	**Client ID** (or use e.g. practice test)	**Risk**	**POC Test Lot and Expiry Date**	**POC result**			Referred to PHL (Yes/No)	**If POC is negative, reason for referral**	**PHL Result**			**False Positive?**		**Discrepancy? (False Negative)**		**Date Reported**	**Tester's Initials**
				Negative	Reactive	Invalid			Ag/Ab combo Screen	HIV1/HIV2 Antibody Confirm	Final Interpretation	No	Yes	No	Yes		