

OraQuick ADVANCE® HIV-1/2 Test Result Panel Training

Clinic Name/Site Location: _____

Name: _____ Date: _____

Score: _____ Trainer/Tester: _____



Result: _____



Result: _____



Result: _____



Result: _____



Result: _____



Result: _____



Result: _____



Result: _____



Result: _____



Result: _____

Write the Result on the line below each Test Device: Non-Reactive (**NR**); Reactive (**R**); Invalid (**INV**)