FORM 2

Issue Date 01.08.21

Organisation Name:
Organisation Testing Address

Date	Tester Name	Health Practitioner Trainer Name	Health Practitioner Trainer Profession & APHRA Number	Type of Test	Tester Signature	Health Practitioner Trainer Signature
01.08.21	Jill Black	Peter Brown	Nurse - 1234567896	Covid Antigen Test	J.Black	P.Brown

IF THE RAPID TEST IS **POSITIVE** YOU WILL NEED TO GET A RT-PCR TEST TO CONFIRM THE RESULT.
YOU MUST CONTACT THE **NATIONAL CORONAVIRUS HELPLINE ON 1800 020 080** FOR FURTHER ADVICE

COVID-19 ANTIGEN SALIVA PEN TEST KIT TEST RESULTS INTERPRETATION







