



Product Training Record

Type of Product:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Sofia®2 Lyme FIA | <input type="checkbox"/> Sofia Strep A+ FIA | <input type="checkbox"/> Lyra Direct Strep | <input type="checkbox"/> Solana RVP |
| <input type="checkbox"/> Sofia hCG FIA | <input type="checkbox"/> Lyra® Adenovirus | <input type="checkbox"/> Solana® Bordetella Complete | <input type="checkbox"/> Solana Strep Complete |
| <input type="checkbox"/> Sofia Influenza A+B FIA | <input type="checkbox"/> Lyra Influenza A+B | <input type="checkbox"/> Solana C. difficile | <input type="checkbox"/> Solana Trichomonas |
| <input type="checkbox"/> Sofia Legionella FIA | <input type="checkbox"/> Lyra Parainfluenza Virus | <input type="checkbox"/> Solana GAS | <input type="checkbox"/> Triage® BNP |
| <input type="checkbox"/> Sofia Lyme FIA | <input type="checkbox"/> Lyra RSV + hMPV | <input type="checkbox"/> Solana GBS | <input type="checkbox"/> Triage Cardiac Panel |
| <input type="checkbox"/> Sofia RSV FIA | <input type="checkbox"/> Lyra SARS-CoV-2 | <input type="checkbox"/> Solana HSV 1+2/VZV | <input type="checkbox"/> Triage D-Dimer |
| <input type="checkbox"/> Sofia S. pneumoniae FIA | <input type="checkbox"/> Lyra Direct C. difficile | <input type="checkbox"/> Solana Influenza A+B | <input type="checkbox"/> Triage TOX Drug Screen |
| <input type="checkbox"/> Sofia SARS Antigen FIA | <input type="checkbox"/> Lyra Direct SARS-CoV-2 | <input type="checkbox"/> Solana RSV + hMPV | |
| <input type="checkbox"/> Sofia Strep A FIA | | | |

Type of Training:

- | | |
|---|--|
| <input type="checkbox"/> Patient Testing Procedure | <input type="checkbox"/> Proficiency Testing Procedure |
| <input type="checkbox"/> Quality Control Testing Procedure | <input type="checkbox"/> Specimen Collection and Storage |
| <input type="checkbox"/> Decontamination and Cleaning Procedure | <input type="checkbox"/> Reviewed Assay Complexity |
| <input type="checkbox"/> Instrument | <input type="checkbox"/> Reviewed IQCP, if applicable |
| <input type="checkbox"/> Other: <input type="text"/> | |

Training Conducted:

- One-on-One Group Key Operator Training

Person(s) Trained:

Signature:

I, certify that the above individual(s) has been trained in the above area(s).

Trainer:
Name: _____

Title:

Signature of Trainer: _____

Date:

Facility Name: