



## Sofia Installation and Training Checklist

- Sofia 2 Lyme   
  Sofia SARS Antigen   
  Sofia Influenza A+B  
 Sofia RSV   
  Sofia Strep A   
  Sofia Strep A+   
  Sofia Lyme   
  Sofia hCG

**Supervisor:**

- User can load Test Type and/or Method Files, if applicable
- User knows the proper way to insert an SD Card into Sofia and/or insert a USB cable into Sofia 2, if applicable (a successfully seated SD card or USB cable will cause an SD Card icon or USB icon to appear on the screen in the top left corner)
- User understands how to access myquidel.com to obtain software updates and assay Test Types and/or Method Files
- User is trained on how to access and change Sofia and/or Sofia 2 settings (including the ability to Manage Users)
- User knows how to access myvirena.com and interpret Virena® data, if applicable

**Operator:**

- Operator knows where all necessary supplies, including the Sofia and/or Sofia 2 User Manuals, Calibration Cassette, and any applicable test kit Package Inserts, are located
- Operator can perform successful calibration of Sofia and/or Sofia 2 using the Calibration Cassette
- Operator understands WALK AWAY and READ NOW modes and can alternate between them when appropriate
- For Sofia 2, operator knows and understands that WALK AWAY mode has Advanced Result Technology (ART) capability, if applicable
- Operator can perform successful QC utilizing the QC Card and Positive and Negative controls
- Operator can review past Calibration and QC information on Sofia and/or Sofia 2
- Operator can review past patient information (if applicable)
- Operator knows how to properly change the printer paper for Sofia or attach Dymo printer and change label rolls for Sofia 2
- Operator knows proper instrument cleaning procedures
- Operator understands how to access Quidel.com and Sofiasupport.com for additional training needs and documentation
- Operator knows to contact Technical Support by phone to handle future questions concerning testing and reporting at 800.874.1517, option 2.

Person(s) Trained


Signature


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

Name of Trainer:

Title:

Signature of Trainer: \_\_\_\_\_

Date: \_\_\_\_\_

Facility Supervisor/Lead Name:

Title:

Signature of Facility Supervisor/Lead: \_\_\_\_\_

Date:

Facility Name: