## **CERTIFICATE OF TRAINING**

is hereby issued to

		Trainee			
	as certi	fication in co	completion of training for (select all that apply):		
Instrument Type:	Sofia® Fluorescent Immunoassay Analyzer Sofia 2 Fluorescent Immunoassay Analyzer				
Assay:	Sofia SARS A	Antigen FIA	Sofia Influenza A+B FIA Sofia RSV FIA Sofia Strep A+ FIA		
	Sofia 2 Flu -	- SARS Antigen	n FIA Sofia 2 Lyme FIA Sofia Lyme FIA Sofia Strep A FIA		
	Sofia hCG FI	Α			
Scope of Training:	Reviewed online training videos Reviewed Package Insert  Reviewed Quick Reference Instructions Completed Training Quiz				
	Reviewed p	roduct specificat	ation documents Hands-on training: Calibration		
	Hands-on tr	aining: Patient t	t testing Hands-on training: Quality Control testing		
			7		
lity Name			_		
			Quidel Online Training		
lity Address			Trainer Date		
	State	Zip	Instrument Serial Number (8 digit number)		
ntact E-mail			Contact Phone		
	01-400-2016-0-17-004-1-00-70-0-101-0-1		QUIDEL		

This certificate indicates completion of training and is not intended to certify that the individual named above is qualified to perform the test(s).