# MEDICAL CENTER OF LOUISIANA
# DEPARTMENT OF PATHOLOGY
# SURE-VUE® STREP A
# PATIENT AND INTERNAL CONTROL RESULTS

Year:_____
Lot #:_____ Expiration Date:_____

| Date | Medical Record Number, Social Security Number, or Patient's Name w/ Patient Birth date | Patient Result (+) denotes positive (-) denotes negative | Positive Internal Control √ check if top line (C) detected | Negative Internal Control √ check if clear background detected | Test Performed By (Please Print) |
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## EXTERNAL CONTROL RESULTS

| Date | Positive External Control (+) | Negative External Control (-) | Internal Control (+) if "C" present | Internal Control (-) clear background | Test Performed by (Please Print) |
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