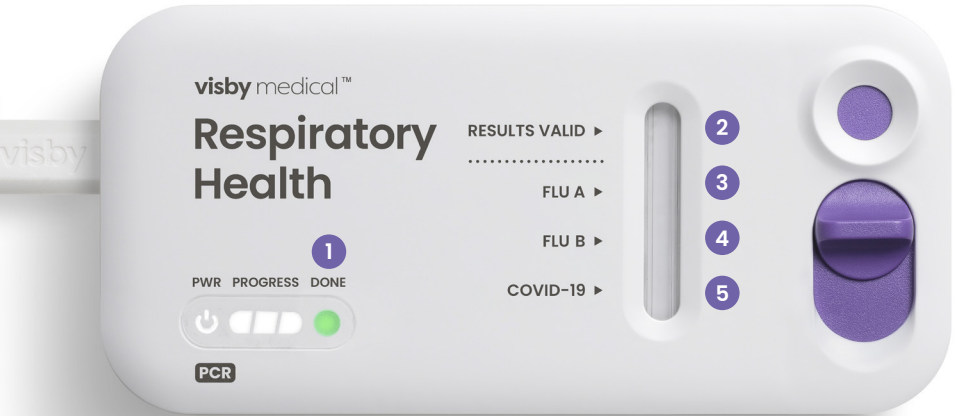


Visby Results

Record your patient's test results and patient information below



1 Green Done Light

2 Results Valid

3 Flu A

4 Flu B

5 COVID-19

Present

Absent

Present

Absent

Present

Absent

Present

Absent

Present

Absent

Date	/	/	Time	AM / PM
Patient ID or Patient Label				
Operator ID	Collection			AN / NP
Device Lot #	Expiration Date	/	/	Room
Comments				