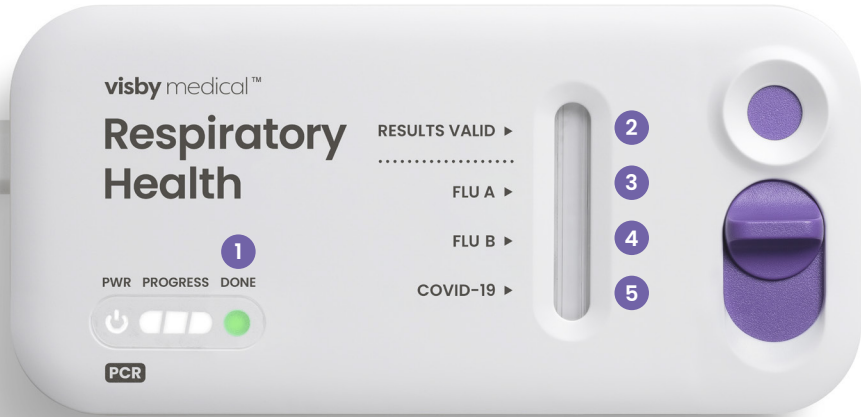


# Visby Results

Record your patient's test results and patient information below

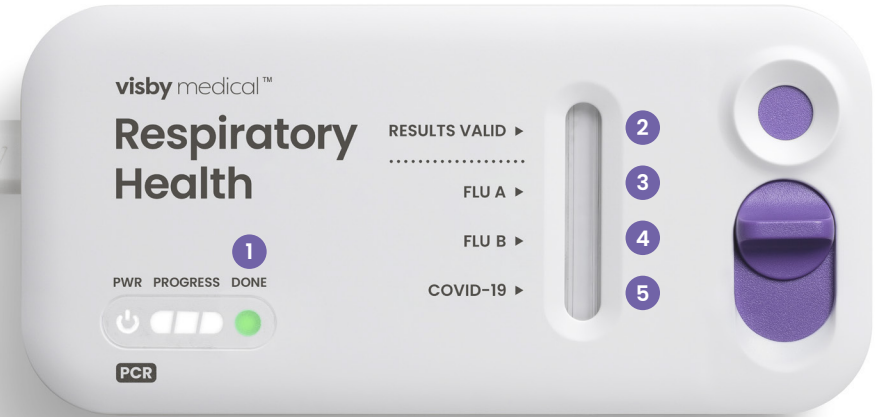


- 1 Green Done Light  Present  Absent
- 2 Results Valid  Present  Absent
- 3 Flu A  Present  Absent
- 4 Flu B  Present  Absent
- 5 COVID-19  Present  Absent

Date	/	/24 or 25	Time	AM / PM
Patient ID or Patient Label				
Operator ID				Collection AN / NP
Device Lot #	Expiration Date	/	/24 or 25	Room
Comments				

# Visby Results

Record your patient's test results and patient information below



- 1 Green Done Light  Present  Absent
- 2 Results Valid  Present  Absent
- 3 Flu A  Present  Absent
- 4 Flu B  Present  Absent
- 5 COVID-19  Present  Absent

Date	/	/24 or 25	Time	AM / PM
Patient ID or Patient Label				
Operator ID				Collection AN / NP
Device Lot #	Expiration Date	/	/24 or 25	Room
Comments				