

Binax NOW Training Evaluation Form

Return this form to MDHHS Bureau of Laboratories at anglewiczc@michigan.gov or fax 517-335-9631

Location Address: _____

Date of Training: _____

Trainer (Print and Sign Name): _____

The following individual(s) have successfully completed training and achieved competency to train others (if applicable) to perform the Abbott BinaxNOW Ag test.

- ✓ The trainee successfully set up and correctly interpreted a BinaxNOW Ag test.
- ✓ The trainee handled all components and waste safely.
- ✓ The trainee was observed properly instructing a student how to perform and interpret the test. If not applicable, write "NA" here: _____
- ✓ The trainee successfully instructed the student to handle all waste properly and the proper techniques to reduce the chance of exposure to COVID-19 while performing the test. If not applicable, write "NA" here: _____

Trainee Printed Name: _____

Trainee Signature: _____

Trainee Printed Name: _____

Trainee Signature: _____

Trainee Printed Name: _____

Trainee Signature: _____

Trainee Printed Name: _____

Trainee Signature: _____

Trainee Printed Name: _____

Trainee Signature: _____