

AbbVie BinaxNOW COVID-19 Testing Program Daily Worksheet

Date: _____ Site Location: _____ Shift: _____

Program Manager/Head Clinician: _____

of walk-ins (participants not scheduled in Acuity) _____

Invalids (NAVICA App will identify)

	First Name	Last Name	UPI (Only for 1 st Consent)	Email Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

No Shows

	First Name	Last Name	UPI (Only for 1 st Consent)	Email Address	Appt Time
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Incorrect Test Result Submissions (handled in real time by calling 24/7 nurse hotline)

1	First Name	Last Name	UPI (Only for 1 st Consent)	Email Address
2				
3				
4				
5				
6				