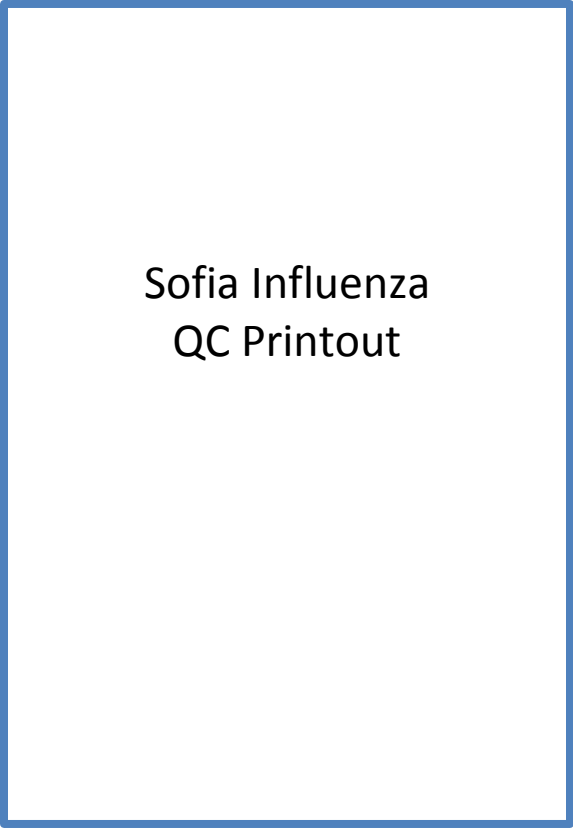




NORTH POINT
Health & Wellness Center

Quality Control Review

I, _____, have successfully performed
Quality Control Testing for the **Sofia Influenza A/B** on
_____. My results are recorded below and are
acceptable.



Signature: _____