



Certificate of Group Training

Institution: _____

Device Name: DASH® SARS-CoV-2 & Flu A/B Test _____

This is to verify that personnel responsible for running the Test have been thoroughly trained on the Test and the Test procedure. This has included:

- **Review of the instructions for use**
- **Successful operation of the Test**
- **Successful interpretation of Test results**

Names of the personnel who have been trained with the Test and are responsible for reporting patient results:

Print Name	Signature	Email	Date

Signature of the Laboratory Director(s) responsible for personnel and testing:

Signature

Date

Signature

Date

Signature

Date