

HIV TESTING CONTROL LOG

TEST DATE _____

FOR OFFICIAL USE ONLY

Page ____ of ____

SSAN - SPECIMEN	For use of this form, see USMEPCOM Reg 40-8		
LABEL	Name Applicant	Confirm Result	Date Result Received
	Signature Applicant		
	Name Technician	Verified & Released	Received by Files Room
	Signature Technician		
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	Signature Applicant		
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