

Certificate of Training

Institution: _____

Device Name: Visby Medical – Sexual Health Test

This is to verify that personnel responsible for running the Visby 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 Visby Test**
- **Successful interpretation of the Visby Test results**

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

Print Name	Job Title	Signature	Email	Date

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

Signature

Date

Signature

Date

Trainer

Date