

**LABORATORY - SERUM ANTIBODY TESTS
SYPHILIS SCREENING**

FORM L6

ID LABEL
HERE ---> |_| - |_|_| - |_|_|_|_| - |_|

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE: 08/15/94

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. ARE TEST RESULTS AVAILABLE?

- Yes..... 1 (A2)
- No, Sample Inadequate..... 2 (END)
- No, Other Reason 3

(SPECIFY) (END)

A2. DATE SAMPLE DRAWN:

___ / ___ / ___
M D Y

a. RESULT:

- REACTIVE1 *
- NON-REACTIVE2 (END)

b. WAS TITER REPORTED?

- YES1 (SPECIFY TITER)

1 : |_|_|_|_|
TITER

- NO2

*** CONFIRMATORY TEST IS REQUIRED IF SCREENING TEST IS REACTIVE**

A3. SYPHILIS CONFIRMATORY TEST:

- FTA - ABS 1 (A3a)
- MHA -TP..... 2 (A3b)

a. FTA - ABS RESULT:

- REACTIVE1 (END)
- REACTIVE MINIMAL2 (END)
- NON-REACTIVE3 (END)
- ATYPICAL FLUORESCENCE4 (END)

b. MHA -TP RESULT:

- REACTIVE1 (END)
- NON-REACTIVE2 (END)
- INCONCLUSIVE3 (END)