

LABORATORY - CHLAMYDIA GEN-PROBE
FORM L9

ID LABEL HERE --->

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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

_____ (END)
(SPECIFY)

A2. DATE SAMPLE TAKEN:

___ M ___ / ___ D ___ / ___ Y ___

A3. RESULT:

- PRESENT/POSITIVE..... 1
- ABSENT/NEGATIVE..... 2
- INDETERMINATE 3

A4. DATE TESTED:

___ M ___ / ___ D ___ / ___ Y ___