

LABORATORY - (URINE) PREGNANCY TEST

FORM L12

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:

- POSITIVE 1
- NEGATIVE..... 2
- INDETERMINATE 3

A4. SPECIFY PREGNANCY TEST KIT USED:

- Abbott..... 1
- First Response 2
- Other..... 3

_____ **(SPECIFY)**