

LABORATORY - SYPHILIS DFA - GENITAL ULCERS AND FISSURES

FORM C65

ID LABEL
HERE --->

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VISIT #:
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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 SPECIMEN TAKEN:

— M — / — D — / — Y —

A3. SYPHILIS DFA RESULT:

- POSITIVE..... 1
- TOO FEW TREPONEMES TO READ . 2
- NEGATIVE 3

A4. DATE REPORTED:

— M — / — D — / — Y —